



the  
health  
of Derby  
**1973**





**COUNTY BOROUGH OF DERBY**

**ANNUAL REPORT**

of the

**Medical Officer of Health**

and

**Principal School Medical  
Officer**

**1973**

V. N LEYSHON, M.D., (LOND ), D P H



*The latest addition to the modern Ambulance fleet being handed over to the National Health Service in April 1974*



# The Health of Derby 1973

## CONTENTS

### Introduction

Foreword	4
Committees	5
Staff	6

### Statistical Information

Vital Statistics	9
Births	9
Deaths	10

### Personal Health Services

Maternity and Child Welfare	11
Midwifery	13
Health Visiting	14
Welfare Foods	18
Home Nursing	18
Health Education	19
Cervical Cytology	22
Family Planning	24
Occupational Therapy	24
Chiropody	25
Ambulance Service	27
Medical Opinion	29

### Infectious Diseases

Prevalence and Control	31
Tuberculosis	33
Sexually Transmitted Diseases	33

### Environmental Health

Legislation	35
Living Conditions	35
Pollution Control	37
Working Conditions	40
Food Control	41
Sampling	45
Prosecution	46
Water Supply	46
Swimming Baths	46
Sewerage	47
Rodent Control	47

### School Health Service

Medical Inspection	49
Speech Therapy Clinic	51
Special Education	52
Dental Health	58



PUBLIC HEALTH DEPT.,  
CASTLEFIELDS HOUSE,  
MAIN CENTRE,  
DERBY. DE1 2FL

V. N. LEYSHON  
M.D. (Lond.), D.P.H.  
Medical Officer of Health  
School Medical Officer  
Telephone No. 31111

29th March, 1974.

To the Chairman and members of the Health Committee

For the past 100 years, Medical Officers of Health have submitted detailed reports on the work of Public Health Departments to their respective Local Authorities. These successive volumes have recorded great strides of progress in the diagnosis and treatment of infectious and other diseases, and through the years, increasing emphasis has been placed on the development of services designed to prevent ill health both in the community and in the environment.

The Chief Medical Officer's letter dated 20th February 1974 lays a duty upon me to submit a report for 1973 to the newly formed Derby District Council, but the reorganisation of the health services and of local government render them inappropriate for future years in their customary form, and therefore this report is the last of its kind.

I have much pleasure in enclosing my Annual Report on "The Health of Derby for 1973". Each of my section heads have made contributions which speak for themselves, and I can only record with grateful thanks the high calibre and degree of efficiency of all my staff which has enabled them to submit their papers at a time when they have been inundated with an immense amount of additional work occasioned by reorganisation, and when for several months they worked in poorly lit and unheated offices.

I trust that you will find this report both interesting and informative, and that as you peruse it, you will see the achievements of the doctors, nurses, public health inspectors, and all members of the professional and administrative team working side by side in 1973.

*V. N. Leyshon.*

Medical Officer of Health

MEMBERS OF THE HEALTH  
COMMITTEE as at 31.12.73

*Chairman* — Alderman Mrs. Cooke

*Deputy Chairman* — Councillor Mrs. Pritchard

Alderman Simms  
Alderman Taylor  
Councillor Carty  
Councillor Gadsby  
Councillor Mrs. Longdon  
Councillor Marshall  
Councillor Newton

Councillor Shepley  
Councillor Webster  
Councillor Mrs. Wood  
\* Mr. B. E. Davies  
\* Dr. T. Dorman  
\* Mr. F. Orrell  
\* Dr. D. H. Rhind

MEMBERS OF THE EDUCATION COMMITTEE as at 31.12.73

*Chairman* — Alderman Mrs. Pendry

*Deputy Chairman* — Councillor Perkins

Alderman Mrs. Collis  
Alderman Lamb  
Alderman Mrs. Mack  
Alderman Tillett  
Alderman Mrs. Wood  
Councillor Mrs. Ault  
Councillor Carty  
Councillor Foxcroft  
Councillor Guest  
Councillor Keene  
Councillor Kimpton  
Councillor Macdonald  
Councillor Maltby

Councillor Marshall  
Councillor Mrs. O'Brien  
Councillor Parsons  
Councillor Mrs. Spacey  
Councillor Watson  
Councillor Mrs. White  
Councillor Mrs. Wood  
\* Alderman R. D. Beardsley  
\* Mr. P. Cann  
\* Mr. L. V. Kinselle  
\* Rev. J. K. Lloyd-Williams  
\* Mr. D. Montague  
\* Rev. D. V. Overington

MEMBERS OF THE EDUCATION (SPECIAL PURPOSES SUB) COMMITTEE as at 31.12.73

*Chairman* — Councillor Parsons

*Deputy Chairman* — Councillor Kimpton

Alderman Mrs. Collis  
Alderman Mrs. Mack  
Alderman Mrs. Pendry  
Alderman Tillett  
Councillor Mrs. Ault  
Councillor Foxcroft  
Councillor Guest

Councillor Marshall  
Councillor Mrs. O'Brien  
Councillor Perkins  
Councillor Mrs. Spacey  
Councillor Mrs. Wood  
\* Mr. L. V. Kinselle  
\* Rev. J. K. Lloyd-Williams

*\* Co-opted Members*

## STAFF at 31.12.73

*Medical Officer of Health and Principal School Medical Officer:—*

V. N. LEYSHON, M.D. (Lond.), D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—*

J. E. MASTERTON, M.B., Ch.B., D.P.H.

*Senior Medical Officer:— (Establishment 2)*

E. B. HAZLEWOOD, M.B., B.S., D.C.H.

*Medical Officers in Department:—*

\*M. M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H., L.M. (Belfast)

\*M. NEWLANDS, M.B., Ch.B.

R. MITCHELL, M.B. Ch.B., D.P.H.

B. F. B. RUSSELL, M.R.C.S., L.R.C.P., M.D., M.R.C.G.P.

*School Medical Officers:—*

N. M. ADAMS, M.B., Ch.B.

C. L. NOBLE, M.R.C.S., L.R.C.P.

\*A. DALZIEL, M.B., Ch.B.

\*J. DOUGLAS, M.D., D.P.H.

S. R. GOODBODY, M.B., Ch.B.

*Chest Physician:—*

\*H. L. MATTHEWS, M.D., L.R.C.P., Consultant General Physician

*Consultants:—*

\*A. G. EVANS, F.R.C.S.(I), D.L.O.

*E.N.T. Surgeon*

\*T. G. G. DAVIES, F.R.C.S., D.O.

*Ophthalmic Surgeon*

\*N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic)

*Obstetrician and Gynaecologist*

*Orthopaedic Surgeon:—*

\*W. H. G. PATTON, M.Ch.(Orth.)

## DENTAL

*Principal School Dental Officer:—*

F. GROSSMAN, L.D.S. (Q.U. Belfast).

*Senior Dental Officers:—*

A. GODWARD, L.D.S. (Bristol)

*Assistant Dental Officers:—*

\*S. J. ANDREW, B.D.S., L.D.S., R.C.S.

J. S. SIAN, B.D.S.

\*M. C. READE, L.D.S.

*Anaesthetists:—*

\*E. ANDERSON, M.B., Ch.B., D.A.

\*R. BLAIR, M.A., M.B., Ch.B.

*Dental Surgery Assistants:— 7 (Establishment 8)*

## NON-MEDICAL

*Administration Officer:—*

J. F. HARDING, F.H.A., D.M.A.

*Senior Administrative Assistant:—*

T. H. LIMBERT

*Administrative Assistant:—*

G. E. HUNT, D.M.A.

Vacancy

*Clerks:—*

*HEALTH DEPARTMENT:— 31 (including 1 part-time)*

*SCHOOL HEALTH SERVICE:—*

*Administrative Officer:— H. WOODGATE*

*Administrative Assistant:— R. TOGWELL*

*Clerks:— 15 (5 HEALTH)*

*Occupational Therapist/Rehabilitation Officer:-*

MRS. E. M. BENTLEY, R.M.P.A., R.M.N. Cert., M.A.O.T. Diploma

*Occupational Therapist:-*

\*MRS. G. E. KEELING, M.A.O.T. Diploma

*Craft Instructor: 1 — (Establishment 2)*

*Senior Speech Therapist:-*

\*MRS. D. R. MARCH, L.C.S.T.

*Speech Therapists:-*

\*MRS. R. D. FISHER, L.C.S.T.

\*MRS. A. ADLER, L.A.C.S.T., D.T.S.T.

*Physiotherapist:-*

\*MRS. R. A. H. GARDINER, M.C.S.P., S.R.P.

*Principal Health Visitor:-*

MISS A. D. LATHAM, S.R.N., S.C.M., B.T.A.Cert., H.V.Cert.

*Deputy Principal Health Visitor:-*

MISS D. J. HARRIS, S.R.N., S.C.M., H.V.Cert.

*Senior Health Visitor:- 1*

*Health Visitors:- 21 (including 7 part-time) (Establishment 29)*

S.R.N.s                    4    }    Held against

Student H.V.s            4    }    H.V. posts.

*Infectious Diseases Visitor:- 1*

*Infectious Diseases S.R.N.: - 1*

*School Health Nurses:- 6 (Establishment 8)*

*Tuberculosis Visitors:- 2*

*State Registered Nurse:- 1 (Part-time) — Cytology*

*Interpreter:- (Sessional) 2*

*Principal Home Nursing Officer:-*

N. G. KING, S.R.N., O.N.C., N.Cert.D.N.

*Deputy Principal Home Nursing Officer:-*

MRS. J. M. LAWRENCE, S.R.N., R.F.N., Diploma in Domiciliary Nursing

*Home Nurses:- 37 (including 4 part-time)*

*Bath Attendants:- 11*

*State Registered Nurse (part-time) — Renal Dialysis*

*Principal Midwifery Officer:-*

MRS. M. L. ROONEY, S.R.N., S.C.M.

*Domiciliary Midwives:- 21 (Establishment 24)*

*Senior Chiropodists:-*

MRS. E. MULLINEUX, S.R.Ch.

MRS. A. GREATOREX, S.R.Ch.

*Sessional Chiropodists:- 6*

*Chiropody Clinic Assistants:- 3*

*Health Education Officer:-*

R. L. CARABINE, M.G.H.E.O., M.I.H.E.

*Health Education Assistant:- 1*

*Dietician:- Vacant*

*Acting Chief Public Health Inspector:-*

A. WENN, M.A.P.H.I.

*Divisional Public Health Inspectors:- 4*

*Senior Public Health Inspectors:- 4*

*Public Health Inspectors:- (All branches) 11 (Established 12)*

*Assistant Industrial Smoke Inspector:- 1*

*Smoke Survey Assistants:- 1 (Establishment 4)*

*Technical Assistants:- 2 (Establishment 6)*

*Trainee Public Health Inspectors:- 5 (Establishment 6)*

*Authorised Meat Inspectors:- 2*

*Rodent Operatives:- 6*

*Labourer:- 1*

*Public Analyst:-*

J. MARKLAND, B.Sc., F.R.I.C.

*Chief Ambulance Officer:-*

J. W. JOYNES, F.I.A.O.

*Deputy Chief Ambulance Officer:-*

C. J. WILCOX, F.I.A.O.

*Station Superintendent:- Vacant*

*Station Officers:- 5*

*Clerks:- 3*

*\*Maternity Escorts:- 2*

*Ambulance Drivers/ Attendants:- 55*

*Miscellaneous:-*

*Cleansing Attendants - School Health Service:- 3*

*Child Health Clinic Assistants:- 8*

*Child Health Clinic Cleaners:- 3*

*Welfare Foods Assistants:- 9*

*Caretaker:- 1*

*Kitchen Assistants:- 2*

*Lift Attendant:- Vacant*

*\*Part Time*

# **statistical information**

**Vital Statistics  
Births  
Deaths**



## STATISTICS AND SOCIAL CONDITIONS OF DERBY

Derby is physically situated at the foot of the Pennines and at the north of the midland plain. The lowest point above sea level is 123' at Spondon, and the highest 443' at Burley Hill, Quarndon. The average annual rainfall at the recording point at the Derbyshire Royal Infirmary is 28.80".

Chester Green, on the east bank of the River Derwent, was the site of the first Roman encampment, and later, in the 5th Century, the Danes built the town of Deoraby. By the Middle Ages, Derby had become an important provincial town. In 1801 the first official census revealed the population to be a mere 10,832; by 1871 it had risen to 49,810, and by 1881 to 80,385 after a boundary extension. It had exceeded 100,000 by 1901, and grew steadily until 1968 when over 11,000 acres were annexed, yielding a total population of 221,260. By midsummer 1973, it had fallen slightly to 217,930 caused mainly by clearance of properties and outward migration. At 31st March, 1974 there were 74,228 inhabited houses, and 2,039 void dwellings. Derby now comprises an area of 19,282 acres, including pleasant suburbs on the periphery. The revised rateable value of the Borough is £26,895,293.

Derby is particularly well served for hospitals; of the 6,376 hospital beds provided in the County of Derbyshire, 2,308 are located within the Borough, so that intensive health care is available for almost every need.

During the financial year 1972/73, the cost of running the local authority health service was £824,594; of this amount £296,174 was spent on nursing services, £255,096 on environmental health, £201,345 on the ambulance service, £50,028 on prevention of illness including health education, £13,570 on vaccination and immunisation, and £8,381 on family planning. Government grants totalling £86,111 were received to offset this expenditure.

In 1973, there were 1816 marriages, 743 burials including stillborn children, 848 post-mortem examinations, 106 inquests, and of the 3,930 cremations, 2,045 were non-Borough residents.

### VITAL STATISTICS : MOTHERS AND INFANTS

	Male	Female	Total
Live Births			
Legitimate.....	1543	1365	2908
Illegitimate .....	150	138	288
Total .....	1693	1503	3196
Stillbirths			
Legitimate.....	25	21	46
Illegitimate .....	8	6	14
Total Live and Stillbirths .....	1726	1530	3256
Infant Deaths — under 1 year			
Legitimate.....	30	33	63
Illegitimate .....	5	3	8
Deaths — all ages.....	1332	1296	2628
Excess of live births over deaths .....			568
Birth Rate — local adjusted per 1000 population .....			17.3
Illegitimate live births as percentage of all live births .....			9.0%
Stillbirths — per 1000 total live and stillbirths.....			18
Infant mortality rates			
Deaths under 1 year per 1000 live births .....			22
Legitimate infant deaths per 1000 illegitimate live births .....			22
Illegitimate infant deaths per 1000 illegitimate live births .....			28
Neonatal mortality rate			
Deaths under 4 weeks per 1000 total live births.....			14
Early neonatal mortality rate			
Deaths under 1 week per 1000 total live births .....			13
Perinatal mortality rate			
Stillbirths and deaths under 1 week per 1000 total live and stillbirths.....			32
Death rate, all ages, local adjusted per 1000 population .....			11.6

# DEATHS OF DERBY RESIDENTS DURING 1973

## CAUSES OF DEATH

	Total All Ages	Under 4 Weeks	4 Weeks and Under 1 Year	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 and Over
Enteritis and Other Diarrhoeal Diseases .....	6	—	4	—	—	—	1	—	—	—	—	1
Tuberculosis of Respiratory System .....	2	—	—	—	—	—	—	—	—	—	2	—
Late Effects of Respiratory Tuberculosis .....	1	—	—	—	—	—	—	—	—	1	—	—
Other Tuberculosis .....	2	—	—	—	1	—	—	—	—	—	—	1
Other Infective and Parasitic Diseases .....	3	1	—	—	1	—	—	—	1	—	—	—
Malignant Neoplasm — Buccal Cavity etc .....	11	—	—	—	—	—	—	—	3	4	1	3
Malignant Neoplasm — Oesophagus .....	13	—	—	—	—	—	—	—	—	4	4	5
Malignant Neoplasm — Stomach .....	48	—	—	—	—	—	1	1	5	15	9	17
Malignant Neoplasm — Intestine .....	72	—	—	—	—	—	—	—	8	13	22	29
Malignant Neoplasm — Larynx .....	2	—	—	—	—	—	—	—	—	—	1	1
Malignant Neoplasm — Lung, Bronchus .....	151	—	—	—	—	—	—	4	18	44	65	20
Malignant Neoplasm — Breast .....	50	—	—	—	—	—	2	3	10	12	12	11
Malignant Neoplasm — Uterus .....	14	—	—	—	—	—	—	1	3	1	4	5
Malignant Neoplasm — Prostate .....	19	—	—	—	—	—	—	—	—	2	10	7
Leukaemia .....	12	—	—	—	—	1	—	2	3	3	3	—
Other Malignant Neoplasms, etc. ....	152	—	—	—	3	1	3	4	19	32	47	43
Benign and Unspecified Neoplasms .....	6	—	—	—	—	—	—	—	4	—	1	1
Diabetes Mellitus .....	23	—	—	—	—	—	—	—	1	1	8	13
Avitaminoses, etc. ....	1	—	—	—	—	—	—	—	—	—	—	1
Other Endocrine etc. Diseases .....	5	—	1	—	2	—	—	—	1	—	—	1
Anaemias .....	5	—	—	1	—	—	—	—	—	—	1	3
Other Diseases of Blood, etc. ....	1	—	—	—	—	—	—	—	—	—	1	—
Mental Disorders .....	6	—	—	—	—	—	—	—	—	—	—	6
Meningitis .....	2	—	1	—	—	—	—	—	—	—	—	1
Multiple Sclerosis .....	5	—	—	—	—	—	—	1	1	2	—	1
Other Diseases of Nervous System etc. ....	16	—	2	—	—	—	1	—	—	3	4	5
Chronic Rheumatic Heart Disease .....	40	—	—	—	—	—	—	—	1	6	5	18
Hypertensive Heart Disease .....	33	—	—	—	—	—	—	1	1	1	5	7
Ischaemic Heart Disease .....	722	—	—	—	—	—	—	10	48	158	215	291
Other Forms of Heart Disease .....	87	—	—	—	1	—	—	—	2	8	32	44
Cerebrovascular Disease .....	321	—	—	—	—	—	2	7	13	32	87	180
Other Diseases of Circulatory System .....	132	—	1	—	—	2	1	—	4	19	36	69
Influenza .....	12	—	—	—	—	—	—	—	1	—	2	9
Pneumonia .....	212	1	2	1	1	—	2	—	6	19	47	133
Bronchitis and Emphysema .....	123	—	—	—	—	—	—	1	7	19	40	56
Asthma .....	5	—	—	—	1	—	—	—	—	—	3	1
Other Diseases of Respiratory System .....	23	—	—	—	—	—	—	—	2	5	8	8
Peptic Ulcer .....	24	—	—	—	—	—	—	—	2	2	12	8
Appendicitis .....	5	—	—	—	—	—	—	—	1	1	2	1
Intestinal Obstruction and Hernia .....	18	1	1	1	—	—	—	1	1	3	4	6
Cirrhosis of Liver .....	9	—	—	—	—	—	—	—	1	4	2	2
Other Diseases of Digestive System .....	20	—	—	—	—	—	2	1	1	2	6	8
Nephritis and Nephrosis .....	6	—	—	—	—	—	—	1	—	1	1	3
Hyperplasia of Prostate .....	6	—	—	—	—	—	—	—	—	1	1	5
Other Diseases, Genito-Urinary System .....	32	—	—	—	—	—	—	—	2	1	6	23
Other Complications of Pregnancy, etc. ....	1	—	—	—	—	1	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue .....	2	—	—	—	—	—	—	—	—	—	1	1
Diseases of Musculo-Skeletal System .....	9	—	—	—	—	—	—	1	—	1	1	3
Congenital Anomalies .....	29	16	5	2	1	3	—	1	1	—	—	—
Difficult Delivery and/or Anoxic Condition .....	18	18	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality .....	9	9	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions .....	10	—	4	1	—	—	—	—	—	—	—	5
Motor Vehicle Accidents .....	28	—	—	1	3	8	3	—	3	5	2	3
All Other Accidents .....	48	—	4	—	4	3	2	3	5	3	3	21
Suicide and Self-Inflicted Injuries .....	10	—	—	—	—	1	2	2	2	1	1	1
All Other External Causes .....	6	—	—	—	—	1	—	1	2	1	—	1
<b>TOTAL</b>	<b>2628</b>	<b>46</b>	<b>25</b>	<b>7</b>	<b>18</b>	<b>22</b>	<b>24</b>	<b>47</b>	<b>190</b>	<b>430</b>	<b>735</b>	<b>1084</b>

# **personal health services in Derby**

**Maternity and Child Welfare  
Domiciliary Midwifery  
Health Visiting  
Welfare Foods  
Home Nursing  
Health Education  
Cervical Cytology  
Family Planning  
Occupational Therapy  
Chiropody Service  
Ambulance Service  
Medical Opinion**



# MATERNITY AND CHILD WELFARE

Report by Mrs. M. L. Phelps.

## MIDWIVES ROLL

This year, 107 midwives gave notice of intention to practise, of which 43 were attached to the City Hospital, 18 at the Queen Mary Maternity Home, and 21 at the Nightingale Maternity Home. 24 were in domiciliary practice, and 1 practised privately.

20 midwives left the area leaving 24 in domiciliary practice, 82 in hospitals and 1 practising privately.

## BIRTHS

The undermentioned statistics are the numbers actually notified to me as at the end of the year.

5033 notifications were received under the Public Health Act 1936 Section 203. Of these 3192 were live births and 61 were stillbirths relating to Derby residents.

92.96% of total births relating to residents took place in hospitals.

<i>Hospital</i> <i>Confinements</i>	<i>Live Births</i>	<i>Stillbirths</i>	<i>Total</i>	<i>Booked Doctor</i> <i>Present Absent</i>
Residents	2693	57	2750	
Non-residents	1745	35	1780	
Adjusted Births				
Domiciliary	225	4	229	20 207
Hospital	2967	57	3024	— —
				<i>Doctor not Booked</i> <i>but present</i>
				2

## Medical Aid

Of 229 home confinements, medical aid was sought in 29 cases, as follows:-

### *Mothers*

Ante-natal	Ante-partum haemorrhage . . . . .	1
	Irregular or foetal heart not heard . . . . .	3
Natal	Prolonged 1st stage . . . . .	1
	Breech/Abnormal presentation . . . . .	1
	Maternal or foetal distress . . . . .	2
	Various . . . . .	4
Post-natal	Retained placenta . . . . .	1
	Lacerated perineum . . . . .	4
	Post-partum haemorrhage . . . . .	2
	Phlebitis . . . . .	1
	Various . . . . .	3

### *Babies*

Infection of eye, jaundice etc . . . . .	4
Asphyxia . . . . .	2

2 notifications of liability to be a source of infection were received.

3 notifications of death were received; all relating to infants born to residents.

There were 4 premature live babies born at home during the year to mothers normally resident, and 200 born in hospital, a total of 204. Premature babies born on the district weighing less than  $4\frac{1}{2}$  lbs. were transferred to the Premature Baby Unit. As from the end of January, the Derby City Hospital's Premature Baby Unit was operational.

## PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births										Premature still-births	
	Born in hospital			Born at home or in a nursing home								
				Nursed, entirely at home or in a nursing home			Transferred to hospital on or before 28th day					
	Total births	within 24 hours of birth	Died	Total births	within 24 hours of birth	Died	Total births	within 24 hours of birth	Died	Born		
										in hospital	at home or in a nursing home	
1. 2lb 3oz or less	5	4	1	—	—	—	—	—	—	—	13	1
2. Over 2lb 3oz up to and including 3lb 4oz ..	10	—	3	—	—	—	—	—	—	—	4	—
3. Over 3lb 4oz up to and including 4lb 6oz ..	29	3	2	—	—	—	—	—	—	—	7	—
4. Over 4lb 6oz up to and including 4lb 15oz ..	41	—	2	—	2	—	—	—	—	—	9	—
5. Over 4lb 15oz up to and including 5lb 8oz ..	119	1	1	—	2	—	—	—	—	—	5	1
6. Total ..	204	8	9	—	4	—	—	—	—	—	38	2

1 = 1,000g, or less, 2 = 1,001 – 1,500g, 3 = 1,501 – 2,000g, 4 = 2,001 – 2,250g, 5 = 2,251 – 2,500g.

## ATTENDANCES AT ANTE-NATAL CLINICS

	SESSIONS	TOTAL ATTENDANCES
Kings Mead .....	12	42
Maine Drive .....	12	35
Temple House .....	51	122
Group Practice Attachment .....	612	5181
Total .....	687	5380

# DOMICILIARY MIDWIFERY SERVICE

Report by Mrs. M. L. Rooney

1973 has been a year preparing for the changes which will take place early in 1974.

We are facing a situation where over 90% of all confinements are now taking place outside the patient's home, and where in normal cases the stay in the maternity unit varies from eight days to a few hours. We know, furthermore, that more than 80% of all deliveries are carried out by midwives and that all mothers should have advice and care over a period of about ten months.

## STATISTICS

Home confinements . . . . .	229 (225 live, 4 still born).
Ante-natal visits:	
Hospital booked . . . . .	1595 . . . . . 3733
Domiciliary booked . . . . .	2138
Patients discharged from hospital:	
Within 2 days . . . . .	628
3-7 days . . . . .	1250
8 days and over. . . . .	789 . . . . . 2667
Visits to discharged patients . . . . .	14309
Assessment visits for early discharge . . . . .	1534
Lying-in visits (domiciliary booked). . . . .	3411
Preparation for Parenthood classes:	
108 sessions . . . . .	220 patients

## Attendances at Ante-natal Clinics

	Patients	Sessions	Attendances
Kingsmead . . . . .	28	12	42
Maine Drive . . . . .	18	12	35
Temple House . . . . .	59	51	122
G.P. Surgeries (16 surgeries). . . . .	1517	612	5181

A mother needs help, guidance and support from the earliest days of her pregnancy until her infant has been established in the new environment into which it has been born. She will, in a well integrated midwifery service, receive it from a professionally trained person who is herself a woman and not infrequently also a mother.

The midwife, assuredly, must be skilled in delivery, but if this is her sole function then hers is a sterile occupation. Even if we add skilled ante-natal clinical care to the art of delivery, this does not make a midwife complete. An expectant mother may be having her first baby and be seeking enlightenment on the mystery of life and knowledge of the growing organism in her womb. She may be a grand multipara in despair over yet another unwanted pregnancy. She may be an unmarried girl fearful of what the future holds for her. There may be family problems associated with the care of a handicapped child or an aged parent.

The midwife should not be expected to be a universal social worker, but she should be able to appreciate and evaluate the mother's attitude to her pregnancy. She should not only know her patient but also her patient's background, so that she can recognise problems that may influence the course of the pregnancy. She must practise health education and have a knowledge of the social service available to meet the needs of the mother and her family. She needs to hold herself responsible for assessing and arranging all necessary home facilities before the onset of labour or admission to hospital, and she must be comprehensively trained in infant care and management so that the mother has adequate assistance in the early, difficult days. Finally, she must be trained to recognise and report the existence of congenital abnormalities.

With all this in mind the midwifery section has been geared to attempt to achieve this total care. Through the co-operation of the staff of the Derby City Hospital Maternity Unit, fifteen midwives spent two weeks working in the Unit between January and March in order to familiarize with the modern techniques. The weekly lunchtime forums, commenced last year, have continued; thus the hospital and community midwives are getting to understand that the work of one complements the other.

## G.P. Attachments

It is in this field that the community midwife is able to gain a knowledge of the patient. With the attachment of health visitors to some of the general practitioner surgeries there is an improved rapport between the two sections. Too often in the past the midwife has not known the health visitor who will be visiting the patient, but now they can discuss any problems which may arise.

An evaluation of the Pilot Scheme of full nursing attachments started in July, 1972 showed that little difference has been made to the work of the midwives as most of them have been attached to general practitioners for several years. Two things evolved — the closer relationship with the health visitors and more job satisfaction and thus, I hope, improved patient care.

## Training of Students

The eighteen teaching midwives, in addition to helping with the training of twenty-four pupil midwives, have taken out for visits of observation, obstetric students, health visitor students and student nurses from Kingsway Hospital on a pilot scheme in community care experience. As some of the latter students were male nurses, it did cause a slight problem because of the rather personal nature of some areas of the midwives' work. Two of the general practitioners objected to the male nurses attending the ante-natal clinic.

## Preparation for Parenthood Classes

220 women attended the classes held weekly at Castlefields House (transferred to Peartree Clinic in December, due to the heating restrictions) and at two general practitioner surgeries. The programme has been enlarged to include more health education talks supplemented with films from our own health education department. A class for fathers-to-be was inaugurated in November and was very well attended with an assortment of questions varying from chemical changes to sexual relationships being asked at discussion time. A class for fathers is being continued one evening during each seven-weeks session. Fourteen of the midwives are now qualified to instruct the classes, four having attended the course of training arranged by the Royal College of Midwives during the year.

## Radio Telephones

These are a very useful part of the midwives' equipment, although during the year, communication was disrupted at times due to interference on the frequency used.

## Guthrie Tests

Tests have been performed on 1,283 babies, and of this number, 68 repeats have been carried out as requested by Middlewood Hospital, Sheffield.

## Patients transferred from hospital before 10 days

These have increased by 190 since last year.

## Staff training

Miss Ingram attended a three-day work-shop on reorganisation of the health service at Nottingham University and gave a resumé to the midwives at the monthly meeting following her return. One midwife has attended a family planning training course at Birmingham.

Two midwives attended a post-graduate practical work instructors' course at Leicester.

Ten midwives attended a three-day basic management appreciation course.

Four midwives have attended a Statutory Government refresher course.

## Staff

No midwife left the service during 1973. A new appointment was made in August. There were twenty-one midwives in post at the end of the year.

Two midwives applied for and were granted maternity leave.

## Industrial action by the ambulance

This did not affect the community midwifery service to a great extent. One patient, booked at Holbrook, elected to stay at home when the baby arrived before she could be transferred to the City Hospital. The hospitals ran a taxi service to take patients home, which has proved that it is not essential for the patients discharged within forty-eight hours to go as stretcher cases, as the maternity units have always stipulated.

## HEALTH VISITING

Report by Miss A. D. Latham.

This year the section has undergone a very interesting and stimulating period.

## Group Practice Attachment

The continuation of the pilot schemes for attachment of Health Visitors, Home Nurses and Midwives to Groups of General Practitioners has enabled us to quantify the number of staff which would be required to proceed with further attachment schemes and to maintain the service at the same level as that offered to the groups of General Practitioners concerned in the pilot scheme. An appraisal of the pilot scheme has been made, which indicates that the attachment of staff to General Practitioners has raised the level of care given to these sections of the community. We have already had preliminary discussions with the next groups of General Practitioners who wish to be involved with attachment schemes and it is our intention to proceed with the schemes at the beginning of 1974. With these short term plans in view and with recognition of the fact that to implement the primary care team concept as envisaged in the "Management Structure of the Re-Organised Health Service", many more Health Visitors will be needed. We are therefore trying to recruit Health Visitors to bring the staffing level up to the present establishment, excluding the student Health Visitors who were formerly counted on the establishment, and to train suitable staff to meet our projected staffing needs.

## Age-Sex Register

A Health Visitor who is attached to a Group of General Practitioners has used their recently compiled age sex register to try to ascertain the elderly who are most in need of care and attention. A questionnaire was compiled and it has been sent to a 1 in 4 sample of the practice population aged 65 years and over. To date approximately 100 people have replied, some of which, it was decided, needed an immediate visit.

## Hearing Assessment

With the continued co-operation of the Headmaster Mr. Green and of Mr. Marsden from the Royal School for the Deaf we were able to give all members of the Health Visiting Staff a short course instructing them in the screening of babies and young children under the age of five years to ascertain any hearing loss. This has enabled us to set up sessions in all parts of the Borough where children from seven months of age can be tested, and if proved to have a hearing loss, can be referred for treatment and for special education if required.

## Family Planning

Family Planning has again been an important topic for the Health Visitor in her role as health educator. She has continued to encourage Mothers to seek advice either at her own General Practitioner or at the Family Planning Association Clinics at Pear Tree and Kingsmead. During the year the domiciliary family planning service was suspended because the Family Planning Association were unable to replace the Doctor who had started the service. Bearing in mind the mothers who had been using the service and their special needs the Health Visitors having been trying to contain the situation by arranging for transport to the Family Planning Clinic where no other arrangements were possible.

## Peartree Clinic

The new Pear Tree Clinic has been used increasingly throughout the year. The weekly session for the older members in the community has continued to be well supported. The Group is very lively and have participated in discussion when different Health Education topics have been brought to their notice by the many speakers who have attended.

## Use of Interpreters

The two interpreters are very active in the Child Health Clinics and the fact that communication with the Asian immigrants has improved greatly is mainly due to the skill with which the Health Visitors use them. They also attended the course of instruction for screening babies and young children to assess any hearing loss, and their attendance at the assessment sessions when the Asian children are tested has made the exercise more meaningful.

## Hospital Liaison

In January a scheme was started to enable Midwives working in the City Hospital and Health Visitors to have greater knowledge of each other's work and to open up channels of communication between them. The Health Visitor spent a week in the Maternity Department and the Midwife came in to the community and spent one or two days with the Health Visitor.

Liaison with the Manor Hospital has continued and Health Visitors have followed up patients at the homes following discharge, both in order to prevent further deterioration in the condition of the patient which might necessitate re-admission to Hospital and to try and relieve pressure on the family in caring for their relative. A Health Visitor has continued to go to the Children's Hospital at least once weekly, she takes part in discussions regarding the total care of the child patients and liaises with her Health Visitor colleagues when necessary. The Health Visitor who had been mainly concerned with the diabetic patient retired in April but returned to us later in the year and now works for three sessions weekly entirely on diabetic work.

## Health Visiting Topics

The Health Visitors have again tackled their work with enthusiasm and have tried to deploy their time to meet the special needs of the community. In April, a Mother and Baby Club was started at the Roe Farm Clinic by the Health Visitor and an S.R.N. working in the area. A variety of people have talked to the Group on many Health Education topics and the attendance has remained at a constantly high level throughout the year.

Health Education to groups has again been undertaken on many topics including Family Planning, Cytology and Venereal Disease, and the number of Mothercraft courses in schools have increased.

The staff have been further involved with taking out students from Hospitals and Social Services, and have been concerned with students undertaking the psychiatric option and with those coming out from the School of Nursing for the community experience course.

7,259 children under 5 attended the child health clinics during the year, yielding 40,445 attendances.

## Control of Infection

Miss Tyerman, the Nursing Officer concerned with the control of infection within the Section has found that the work has fluctuated in its demands on her time. She has also been making preparation for handing over this work to the new Environmental Health Department when the National Health Service Reorganisation takes place in April.

## Staff Training

Two members of staff attended a special hearing assessment course. Six Health Visitors attended a sex education course along with teachers and social workers. All members of the section have now attended first line management courses or management appreciation courses.

## STATISTICS – VISITS BY HEALTH VISITING STAFF

### CHILD WELFARE

Children born in 1973 . . . . .	12,064
Children born 1968 to 1972 . . . . .	20,142
Children aged 5 - 16 . . . . .	710
Persons aged 17 - 64 . . . . .	4,020
Persons aged 65 or over . . . . .	1,633
First visits at the special request of G.P. or hospital . . . . .	270

### MENTAL DISORDERS

First visits to mentally disordered persons . . . . .	129
First visits at the special request of G.P. or hospital . . . . .	40

### TUBERCULOUS HOUSEHOLDS . . . . .

6

### INFECTIOUS HOUSEHOLDS

First visits . . . . .	159
Subsequent visits . . . . .	764

### DIABETIC VISITS . . . . .

51

### OTHER VISITS

Including Cytology, Immunisation and vaccination defaulters and family planning . . . . .	334
---	-----

### OTHER PUBLIC HEALTH WORK

#### ASSISTING AT

Cytology Clinics . . . . .	109
Diabetic Clinics . . . . .	64

#### HOSPITAL VISITS

Geriatric . . . . .	45
Diabetic . . . . .	78
Paediatric . . . . .	62

#### GROUP PRACTICE LIAISON

Visits to surgeries . . . . .	1015
Students, trainees, social workers accompanying staff . . . . .	310

#### MISCELLANEOUS

Case Conferences and meetings attended . . . . .	150
Psychiatric lectures attended . . . . .	2
Sex education lectures attended . . . . .	6
Hospital visits . . . . .	136
Hearing assessment sessions . . . . .	89

#### HEALTH EDUCATION

Talks to expectant mothers, students, school children, etc. (including slide and film showings) . . . . .	272
Talks and use of filmstrips to Groups in child health centres . . . . .	424
Attendances . . . . .	2894

#### USE OF INTERPRETER

Clinic sessions . . . . .	330
Home visiting sessions . . . . .	48

**Analysis of Congenital Defects found in 121 Children**  
*(Note: some children have more than one defect)*

			1972 Births		1973 Births	
			Still	Live	Still	Live
0	CENTRAL NERVOUS SYSTEM					
	.1 Anencephalus . . . . .	6	1	8	—	—
	.8 Spina bifida . . . . .	—	8	7	9	
	.4 Hydrocephalus . . . . .	—	5	6	7	
	.6 Other specified malformations of brain or spinal cord . . . . .	—	—	—	2	
1	EYE AND EAR					
	.3 Cataract and corneal opacity . . . . .	—	1	—	—	1
	.8 Accessory auricle . . . . .	—	—	—	1	
	.9 Other specified malformations of ear . . . . .	—	—	—	2	
	.6 Unspecified malformations of ear . . . . .	—	2	—	—	1
2	ALIMENTARY SYSTEM					
	.1 Cleft lip . . . . .	—	4	—	—	2
	.2 Cleft palate . . . . .	—	3	—	—	3
	.6 Malformations of Tongue . . . . .	—	1	—	—	2
	.3 Hiatus hernia . . . . .	—	—	—	1	1
	.7 Rectal and anal atresia and stenosis . . . . .	—	—	—	—	2
	.9 Other specified malformation of alimentary system . . . . .	—	3	—	—	—
3	HEART AND CIRCULATORY SYSTEM					
	.9 Specified malformations of heart and circulatory system . . . . .	—	2	—	—	1
	.0 Unspecified malformations of heart and circulatory system . . . . .	—	7	—	—	3
4	RESPIRATORY SYSTEM					
	.9 Other specified malformations of respiratory system . . . . .	—	15	—	—	9
5	URINO-GENITAL SYSTEM					
	.7 Hypospadias epispadias . . . . .	—	7	—	—	8
	.2 Undescended testicle . . . . .	—	4	—	—	1
	.4 Malformation of male external genitalia . . . . .	—	1	—	—	—
	.3 Hydrocele . . . . .	—	1	—	—	—
	.5 Malformations of female vagina and external genitalia . . . . .	—	3	—	—	—
	.9 Other specified malformations of urino-genital organs . . . . . (includes pseudohermaphroditism)	—	5	—	—	—
6	LIMBS					
	.0 Polydactyly . . . . .	—	4	—	—	4
	.1 Syndactyly . . . . .	—	2	—	—	2
	.2 Reduction deformity hand or arm . . . . .	—	1	—	—	—
	.3 Reduction deformity leg or foot . . . . .	—	2	—	—	—
	.5 Talipes . . . . .	—	8	1	—	9
	.6 Congenital dislocation of hip . . . . .	—	3	—	—	2
	.9 Unspecified limb malformation . . . . .	—	5	—	—	6
7	OTHER PARTS OF MUSCULO-SKELETAL SYSTEM					
	.1 Malformation of skull or face bones . . . . .	—	2	—	—	—
	.2 Malformations of spine — scoliosis curvature — lordosis, not otherwise stated . . . . .	—	1	—	—	—
	.5 Chondrodystrophy . . . . .	—	—	—	1	—
	.4 Malformation of sternum and ribs . . . . .	—	—	—	—	1
	.0 Other malformations of musculo-skeletal system . . . . . (including congenital hernias except hiatus hernia)	—	9	—	—	10
8	OTHER SYSTEMS					
	.1 Other malformations of face and neck . . . . .	—	1	—	—	1
	.9 Exomphalos, omphalocele (excluding umbilica hernia) . . . . .	—	1	1	—	1
	.2 Other unspecified malformations of muscles, skin and fascia . . . . .	—	8	—	—	8
	.3 Pigmented naevus . . . . .	—	2	—	—	—
	.4 Other specified malformations of skin including ichthyosis congenita . . . . .	—	2	—	—	3
9	OTHER MALFORMATIONS					
	.0 Other and unspecified congenital malformations . . . . .	—	9	1	—	4
	.9 Multiple congenital malformations not specified . . . . .	—	—	2	—	3
	.6 Downs syndrome (mongolism) . . . . .	—	5	1	—	4

## WELFARE FOODS SERVICE

### Sales from Distribution Centres during 1973

<i>Distribution Point</i>	<i>N.D.M. Full Cream</i>	<i>N.D.M. Half Cream</i>	<i>A.D.C. Drops</i>	<i>A.D.C. Tablets</i>
MacFisheries Food Centre .....	7583	203	3355	2216
Temple House .....	169	1	176	68
Boulton Clinic .....	861	8	559	240
Nightingale Road Clinic .....	335	2	352	107
Pear Tree Clinic .....	5465	31	1535	111
Normanton Clinic .....	281	2	590	123
Roe Farm Clinic .....	1057	9	523	135
Rykneld Clinic .....	409	2	315	100
Kings Mead Clinic .....	215	49	432	109
Mackworth Clinic .....	383	2	254	77
City Hospital .....	—	—	—	396
Allestree Clinic .....	120	1	768	185
Chaddesden Clinic .....	770	2	1156	285
Chellaston Clinic .....	161	1	314	178
Mickleover Clinic .....	522	3	1303	334
Spondon Clinic .....	314	—	652	96
Littleover Clinic .....	11	1	377	111
Sinfin Clinic .....	163	1	498	91
Derby Co-op Society, Blagreaves Lane .....	192	—	61	10
Sinfin Moor .....	12	—	46	15
<b>1973 Totals .....</b>	<b>19024</b>	<b>318</b>	<b>13284</b>	<b>4987</b>
<b>Comparative Totals for 1972 .....</b>	<b>18261</b>	<b>557</b>	<b>10805</b>	<b>4403</b>

There has been a substantial increase of almost 30% in the sales of A. D. and C. drops and tablets. One new distribution point commenced at Sinfin Moor during October. Again I am very grateful to MacFisheries Limited for continuing to provide facilities for distribution at their foodmarket in Main Centre and to the Derby Co-op Society for a similar provision at their shop in Blagreaves Lane.

## HOME NURSING SERVICE

Report of Mr. N. G. King

1973 has been a year of morale-sapping frustration in trying to maintain a service which has become an essential part of the health care of the residents of the borough. There was an increase in the number of patients nursed, but less visits were made, although the depth of nursing care required, more than made up the nursing time available. This intensity of care resulted in the nursing staff requiring to be more selective in deciding which of the patients would benefit most from this available nursing time, where possible teaching and supporting relatives in interim care.

Another factor in the reduced amount of nursing time is the greater mileage incurred by some of the staff engaged in Group Attachment. In undertaking attachment of nursing staff to Groups of practitioners, it was agreed that all the patients on the Group's list would be serviced, even to the extent of crossing the Borough boundary. Some Groups confine their practice to a prescribed area round the surgery premises, others apparently place no restrictions on their catchment area. Patients having been on a Doctor's list for a number of years are loath to change their general practitioner on moving to other areas of the town. Most of these moves have been brought about because of re-housing from clearance areas, in some cases to the periphery of the Borough. Although the nursing staff transferred to Group Attachment have been taken out of working in a geographical situation, some of the general practitioners divide their own working areas geographically. Having said this, the redeeming features of Group Attachment must outweigh these drawbacks. Without exception, the doctors and nurses concerned have expressed their overall appreciation of working in a Group Attached situation, with much improved communication and feed-back of information with the consequent enhancement of patient care. This after all is the motive for the nursing team being established and of which we must not lose sight. As the Pilot Scheme proved to be most successful and covered approximately 16% of the population of Derby, preparations were made to extend the scheme in 1974.

This year saw the retirement of Mr. S. G. Wilkins after nearly 25 years in the Home Nursing Service. He was the first male nurse appointed to the Section in 1948, something of an innovation in those days. However, Stan soon made his presence felt and endeared himself to his colleagues, being held in high esteem by the general practitioners and the patients. Fortunately we haven't said "goodbye" to him completely as he is still able to do some part-time work for us.

Tribute should be paid to the loyalty and hard work of the Home Nursing staff and also the Bathing attendants in a year of uncertainty especially regarding the reorganisation of the Health Services. Although the Health Department were most helpful in the dissemination of any information available and gave free access to official memos and leaflets, apprehension was rife. Meetings were held frequently to help allay this apprehension.

## Day and Night Nursing Service

This service, administered by the Home Nursing Service on behalf of the Marie Curie Memorial Foundation has proved to be most beneficial in the terminal care of patients suffering from cancer. It has enabled patients to stay in their own homes and has given their relatives some relief in the arduous task of terminal care, enabling the relatives to carry on. From the many letters received it is obvious that a great need has been fulfilled. Cancer is a very emotive word, but the practical help which it has been possible to give, financed by the M.C.M.F. has given a new meaning to "tender loving care". Assistance has also been given with coal, laundry, bed linen and dietary supplements. Since the scheme was introduced in Derby in October, 1972, over £1,500 has been raised for the fund, and it is gratifying to note that all the money raised in Derby, although forwarded to the Marie Curie Foundation, is ear-marked for use in the Borough. Some of the money was given by relatives and friends of patients nursed, e.g. in lieu of flowers, etc., but the larger proportion was raised by the Home Nursing staff by way of Coffee Evenings, Cheese and Wine Parties, Rummage Sales, etc., and by other Corporation staff who have supported us in buying Raffle Tickets. A most worthy effort. It is a tribute to the Health Department staff and their awareness of the great need of these patients, that so many of these functions have been so successful. That they have given up valuable off-duty time to organise events to raise money is a gesture most appreciated.

## HEALTH EDUCATION

Report by Mr. R. L. Carabine.

In the report for 1972 I outlined the steps taken to establish a Health Education Service which would reach out to all areas of the community and draw the interest and participation of those who by virtue of opportunity, occupation, or profession might make a contribution to general health knowledge. The development of such a service requires the establishment of a harmonious relationship with the numerous individuals and agencies it is hoped to involve. It is fair comment to report that the response of those whose co-operation we sought in 1973 was both enthusiastic and generous, the only concern voiced by many being to the effect that it was hoped N.H.S. re-organisation would in no way impair the working relationship achieved. From the viewpoint of the writer it has been essential to give re-assurance, particularly as many of our participants are teachers, lecturers, and leaders committed to the forward planning of programmes.

### Schools and Colleges

Throughout the year there was a steady growth in the number of users of the service and this was regarded as a vote of confidence by those whose interest we had initially recruited in 1972. Indeed there can be no doubt that in this education sphere we have owed much to several senior members of the teaching profession who by their active support have enabled us to ensure that 'health' is included in a variety of ways in many more schools.

One of the highlights of the year was the bringing to Derby of the Family Planning Association's team who presented a two day course for teachers and health workers on "Personal Relationships and Sex Education". This was, I believe, the first venture of this course into the provinces and it was voted by all concerned to be highly successful. It brought to a group consisting of teachers, health visitors, midwives, nurses and youth leaders all the expertise of the F.P.A. team in a skilfully prepared course which involved all present, both intellectually and emotionally. The 'spin off' from this course was naturally considerable and the impetus it gave to our general programme was such that it would be churlish of me not to record our thanks to Mrs. J. Scott who so ably managed the course for F.P.A.

Possibly because of my long involvement in community medical social work, the adverse health implications of unsatisfactory personal and family relationships are impressed upon me and I have therefore been delighted that senior schools are now giving considerable emphasis to personal responsibilities, particularly those concerned with sexual behaviour and the importance of parent/child relationships. In this connection two films purchased for our resource centre have played a vital part — one being the B.B.C. Television production "Mother and Child" from the series "Children Growing Up", and the other "First Days of Life" made by a French production team. In general our policy towards schools has been governed by the belief that the shortage of Health Educators, which is not likely to be resolved in the near future, makes it essential that teachers are supported by resources, information and guidance which will enable them to include Health Education as part and parcel of recognised subjects. This is not to deny the valid belief that professional health educators have a role to play in school, it is rather to accept the limitations imposed by the shortage of such educators and devise means of overcoming the problem. Undoubtedly too, teachers whose interest is aroused have a considerable advantage in knowing precisely what the child in their care is needing and is able to absorb. Lest it be thought that I am in danger of dogmatising I would record how happy we have been to support our Health Visiting colleagues whose work with groups in schools has excited our admiration. Unfortunately demands upon the Health Visitors generally do not, at this moment, allow expansion of such work.

The younger element of the school population has not been neglected both infant and junior schools have made effective use of the Resource Centre — the functioning of the body, personal hygiene — particularly dental hygiene — and all those aspects of health which are included in 'Growth and Development' have been featured. In this I have to thank in particular Dr. J. Douglas of the School Health Service who from our earliest days has not only given us every possible support but by directing our attention to certain aspects, e.g. obesity in school children, has constantly kept us alert and informed. I would also acknowledge the generous, often provocative, but always warm support of Mr. F Grossman, Principal School Dental Officer, whose retirement in 1974 will deprive us of assistance we have grown accustomed to relying upon.

It is not conceivable that I should conclude this part of the report dealing with the educational field without recording the development of close ties with the Wilmorton College of Further Education. Tutors in practically every department of the College have made use of our service and we have had a steady succession of students utilising our resources in their study projects. I recall particularly an 'in depth' study of Venereal Disease by three engineering apprentices who consequently gave fellow students the benefits of their research in a highly competent manner. Again our thanks go to Mr. F. Leather, Principal of the College, for the value he places on 'educating for life' as part of the student curriculum.

## Medical and Allied Services

The success achieved in 1972 by the utilisation of an Age/Sex Register within a Group Medical Practice, in connection with Cervical Cytology, continued during 1973, the results being gratifying to all concerned. The procedure was extended to a second Group Practice and by mid year their age/sex register was sufficiently advanced for the programme to commence operating — again with highly successful results. Undoubtedly this method can be said to be effective and methodical since it not only brings the desired response but enables the surgery to clear each age group step by step as convenient to the practice team. Patients failing to respond to the appeal have proved to be so few in number as to allow the Practice Nurse to 'isolate' them by name and allow the Practice Team the opportunity of picking them up as and when they visit the surgery in connection with other health aspects.

Developmental use of the register in the Spondon Area Group Practice, (for examples of letters used and response statistics, please see appendix), our first users, has now proceeded to surveying the needs and care problems of aged patients. Reports from both the surgery and the Health Visitor undertaking the initial visiting indicate the value of the age/sex register in "isolating" the patient at risk and enabling a personal approach to be made. In view of the medico-social benefits of the system it is greatly to be hoped that other practices may be persuaded to make the small initial financial investment which it can be pointed out does more than pay for itself in a very short time.

Work with our professional colleagues within the Health Department and other branches of the Health Service progressed during the year. Developing from the 'ante-natal relaxation classes', run by the Midwifery section of the department, there have been successful evening film sessions for the class to which husbands have been invited and it is hoped that as these become more widely known the number of sessions can be increased. The vital importance of the parental/child relationship is stressed through the medium of the films "First Days of Life" and "Mother and Child", and there is no doubting the interest aroused which in turn provides opportunity for discussion. Midwives are so perfectly placed to influence behavioural patterns at critical periods in the lives of young parents that their role as health educators requires every support, for this reason I have welcomed the opportunity of discussing Health Education aspects not only with the qualified but with pupil midwives attending the regular courses at the Queen Mary Maternity Home — Family Planning is naturally an important aspect of these discussions.

There was also close collaboration with the Domiciliary Nursing Service in a variety of ways. The opportunities for undertaking cervical cytology tests in industry were not on the same scale as that of 1972, and this is to be regretted, nevertheless those opportunities which did arise were quickly taken up and, I am assured were extremely valuable.

Health Education and preventive screening in Industry is a somewhat ticklish business: it is an area however which required exploring in greater depth and I would hope that the new National Health Service will enable more thought to be given to this field. There are hopeful indications of interest on the part of employers.

It is almost trite to remark that ties with the Health Visiting Section were on a daily basis, my only regret, shared I am aware by Miss Latham, Principal Health Visitor, being the pressure on the service required that I temper requests accordingly.

Collaboration with hospitals and clinics within the area took place on a number of occasions. Consultants in several specialities have interested themselves in the service and aspects have included Paediatrics, Diabetes and the Venereal Diseases and, though the Health Department regrettably lost the services of its Dietician early in the year, a link up with the Hospital Group Dieticians has been achieved through the interest of the Consultant service. This is an area of development to which reorganisation may well give impetus.

## Community and Industry

I remarked earlier there were several indications that industry might welcome our interest. As a result of a campaign on "Hygiene in the Catering Trade" two or three big firms including Rolls Royce Ltd., requested health education material and there may be opportunities for a 'linkup' with such firms on a far wider basis.

The hygiene campaign certainly achieved both local and national headlines, thanks entirely to the Medical Officer of Health. Dr. Leyshon's opening 'salvo' for the campaign may have been 'Hard Hitting' for some members of the trade who maintain high standards as a norm, but they were extremely well received and numerous requests led to our circulating the whole of the trade with advisory material. Mention should also be made of the enthusiastic local "Consumer Group" who undertook a most useful survey of Supermarket standards.

Work in the community was undertaken in a variety of ways. Women's Organisations, Social Groups, Youth Groups, etc., were again circulated with relevant material and arising from this talks and film shows were arranged. Organisations such as British Red Cross have drawn on the Resource Centre and their enthusiasm has been encouraging. Two 'Anti Smoking Clinics' of the 'five evening' type were considered successful, and a 'single evening meeting' to the general public drew, on a pleasant summer evening, an audience of some two hundred people. The group therapy approach of the Anti Smoking Clinic undoubtedly offers the opportunity of assisting people who have a definite incentive towards giving up smoking, and with an over subscription for places, enables us to define priority groups. This is written as the fuel crisis is upon us, and it is disappointing that we have reluctantly had to postpone our third clinic, but this will be held as soon as conditions allow — General Practitioners are already requesting places for patients.

A further pleasant aspect of community work has been my participation in the Adult Education "Pre-Retirement Courses" which are held monthly at St. Helen's House Teaching Centre. Our contribution to these is widely based on Health, Physical and Mental Activity in Retirement, and slots in as the opening item on the two day course. My personal view is that this is a vital subject and I am greatly indebted to Mr. W. Dobson, Adult Education Officer, for the prominence he gives to Health Education.

To conclude, I would return to my opening remarks and express satisfaction that our relationship with all areas of the community was a developing one, with every indication that this process will continue. Without, I hope, appearing complacent or smug, would claim that the working relationships achieved are a guarantee that "Health" in all its many aspects will be brought effectively to the attention of young people, the not so young, the middle aged and the elderly.

This is the last report I shall be asked to submit for inclusion in the "Medical Officer's Annual Reports" prior to Dr. Leyshon's retirement and re-organisation of the Health Service. The twenty-seven years of service under his leadership, mainly as Principal Medical Social Worker and more recently as Health Education Officer, have been so intensely interesting and enjoyable as to appear in retrospect to be months rather than years.

## CERVICAL CYTOLOGY – SPONDON AREA GROUP PRACTICE

Response rate of age groups — expressed as a percentage.

Year of Birth	% Successfully Tested Following Initial Approach
1936	96.7
1935	97.5
1934	93.2
1933	88.6
1932	90.7
1931	88.2
1930	85.7
1929	82.1
1928	84.8
1927	83.7
1929	77.8
1926	73.7

N.B. Patients not responding to first approach are followed up as opportunity presents — Surgery reports ultimate success rate in several age groups now 100%

Results of Testing as reported by Surgery appear to justify some credence being placed on Age/Intercourse relationship in "Ca. and Atypical Case" findings, but statistical evidence not yet complete.

## CERVICAL CYTOLOGY

*Initial letter sent from Surgeries using Age/Sex Register.*

Dear Mrs./Miss

Dr. Leyshon and I are writing this personal letter to you to ask you to have a Cervical Cytology Examination. This is a very simple and painless test which helps to prevent the development of cancer of the neck of the womb.

As your personal doctor, I know, that this examination which takes only a few minutes can help to protect you from serious ill health and Dr. Leyshon, as Medical Officer of Health, is rightly concerned that all women in the Borough of Derby should be protected in every possible way.

You can either have the test done at my surgery or if you prefer at the Cytology Clinic, Temple House, Mill Hill Lane, Derby. If, however you find it quite impossible to attend my surgery or clinic Dr. Leyshon will arrange for a specially trained nurse to carry out a test in your home. Please indicate which you prefer by ticking the space provided on the slip and send this back to the surgery.

Yours sincerely,

General Practitioner's Signature

Medical Officer of Health's Signature

Surgery Address

Dear Dr.

I wish to have my cytology examination at:-

Please tick which ever required

Signed: .....

Address: .....

*The Surgery	
The Clinic	
At Home	

\*Phone Surgery  
for appointment

## AGED AT RISK SURVEY

Form of Initial Letter prior to Health Visitor's Follow Up — questionnaire enclosed with this letter.

Surgery Address.

Dear -----

With winter approaching I am trying to write to all my senior patients to ask your help by providing me with a little information.

As your doctor I am naturally concerned that you should have the best possible care and if you can answer the questions, which I enclose with this letter, you will be helping me to help you.

I hope you will find the questions easy to answer, but if you do have any difficulty in replying please do not worry about it but simply say that you would like Miss Topliss, our Health Visitor, to call on you and she will arrange to do so.

With best wishes.

Yours sincerely,

General Practitioner's Signature

## CERVICAL CYTOLOGY CLINIC

Report by Miss A. D. Latham

The Cytology Clinic has continued to function twice weekly. For most of the year it was held as usual at Temple House Clinic, Mill Hill Lane but owing to the fuel crisis in December, it was transferred to the new Pear Tree Clinic. A health visitor or state registered nurse has been in attendance at every session and her sympathetic approach has enabled the women attending to take freely about their worries regarding cancer. At each session the health visitor shows a film which demonstrates the technique of self breast examination for the early detection of cancerous growth.

There have been many requests from women's groups for talks on cervical cytology and self breast examination. These talks have been willingly given by the health visitors, even when it has necessitated evening work.

The national recall system has been extended to include women who have had three children and over, whatever their age group; in addition Derby's recall system for 18-35 year old women who had a test five years ago has been continued. The number of women who have attended the Clinic for their first smear has continued to fall and we must assume that we have now reached a large proportion of the women of Derby who are aged 18 years and over. However, in order to eradicate cervical cancer we must continue to encourage all women not only to have a cervical smear but also to continue with regular surveillance.

### Statistics — Cytology Clinic

First smears.....	291
Repeats .....	216
Special repeats .....	138
*National recalls .....	1,139
Under 35's (local recalls) .....	170
	<u>1,954</u>
Positive smears.....	3
Probable positives.....	6

\* During 1973 women under 35 years of age who had had 3 or more pregnancies were included in the National Recall which previously had only included the over 35's.

## DOMICILIARY CERVICAL CYTOLOGY

Report by Mr. N. G. King

Domiciliary Cytology continues to be a useful adjunct of the Home Nursing Service. All State Registered Nurses in post have been trained in this procedure and continue to emphasise the importance of the test and to encourage women to come forward both in factory and home. There has been a reduction in the number of smears taken. The year has brought increasing demands on the Home Nurses time. From 355 smears taken, two were found to be positive. The National Re-call System instigated in 1972 relating to women aged 35 years and over has been effective in tracing women who move to other areas. The five yearly re-call system operating in Derby continues in a satisfactory manner. Women who have had a smear test are usually most co-operative with repeat tests.

An Age/Sex Register was introduced in one Group Practice in co-operation with Mr. R. L. Carabine, Health Education Officer. This enabled all women in this practice to be approached directly and invited to have a cytology test wherever was most convenient. The response to this direct method of approach was found to be very high. Our target must be to approach individually, every woman over 35 years of age, to persuade her to have regular cytology tests and we must be willing to comply with her wishes in respect of venue whether it be clinic, surgery, factory or home.

Domiciliary Factories	First smears	Repeat smears
	31	198 (incl. 6 specials)
	77	49



*Home Nurse, (right) with clerical assistant (2nd left) in conversation with factory nurse and employees before undertaking cervical cytology test*

## FAMILY PLANNING

Report by Miss B. P. Jackson, Administrator, South Pennine Branch, Family Planning Association

### Kings Mead Clinic

This well-signposted and busy Clinic, which is situated within a redevelopment area, averaged six sessions a week. The training of doctors and nurses continued and in addition, observer pupils and midwives were regularly sent by the Local Authority. Full sub-fertility investigation was added to the services offered by the Clinic. A waiting list is being compiled for the new Vasectomy Unit which it is hoped will open shortly. A hospital visiting scheme, which commenced in September at a local nursing home, has proved to be a great success.

### Pear Tree Clinic

This Clinic continued to serve the predominantly immigrant population of the immediate area. Approximately 80% of patients are from the Indian sub-continent and 20% are indigenous. We have been unable to replace an Indian lady doctor who was working in the Clinic, but were fortunate in obtaining the services of a doctor who is familiar with the area and who is assisted by an interpreter.

## OCCUPATIONAL THERAPY

Report by Mrs. E. M. Bentley

Throughout the history of medicine it has been proved that occupation helps to maintain good health of mind, body and spirit.

Occupational Therapy takes this principle further by selecting suitable work tailored to fit each individual patient's need, intelligence, personality and working potential in relation to his or her disability. It is this diversity of treatments which limits the number of patients it is possible to accept in the Unit at Stafford Street.

### Case Histories

One of the patients treated during the year who benefitted from this selectivity of occupation was a 22 year old man who had never been able to work before. He was mentally retarded, an epileptic, and suffered congenital spasticity in the right eye muscles. He had been referred to the Unit by the Social Services Department. Domiciliary visits revealed, that although he was very shy he was more than anxious to co-operate and expressed a great desire to obtain employment. His hands were spastic, there was a general weakness in the upper limbs, he was clumsy in walking and his co-ordination was poor. In November 1972 he was taught to weave with coarse materials to improve the co-ordination of arms and hands which brought a marked improvement in his condition. He enjoyed the visits to the Unit because of the contacts he had with other patients and it was most encouraging to note the progress he was making. By January 1973 he was able to embark on a wider range of activities, although, predictably, he needed a good deal of supervision. Finally in March, 1973 outdoor work was found for him and although he still needs supervision by his colleagues he continues to be fully employed.

Another patient who responded well to a rehabilitation programme during the year was a lady, 41 years of age, who had been a branch manageress with a chain store. She was referred to the Unit from the Derbyshire Royal Infirmary and had been unable to follow her employment for three years. In addition to a suspected tuberculous bladder and an arthritic condition of the right knee she appeared to be in an acute stage of depression which was primarily psychological. Discussions during home visits revealed many problems but the one which affected her most was a broken romance which had become obsessional. Liaison between the Unit and her G.P. enabled her to get her troubles into perspective after a time and as a result her depressed condition improved. Regular home visits continued to supplement treatment at the Unit and the group therapy she received also helped her enormously. Although the arthritic knee restricted her mobility she was now determined to overcome all her problems and with the exception of three occasions when she was transported by ambulance to the Unit she walked from her home, a distance of well over a mile. During her rehabilitation period she was interviewed by Mr. Roberts, D.R.O. with a view to finding her suitable occupation and in August 1973 it was considered that she had improved sufficiently to resume employment. Mr. Roberts found her a part time clerical appointment and her work has been so satisfactory that her employers have offered her full time employment when she feels able to undertake it. Thus after an incapacity lasting  $3\frac{1}{2}$  years she has responded so well to the programme of rehabilitation devised for her that she is again able to lead a normal life.

A 54 year old man with an arthritic condition of the spine was referred to the Department by Dr. D. McIntyre. He had been a caretaker before his incapacitation. The function of his upper limbs and also fine hand movements were affected and heavy work of any kind had to be avoided in his treatment. Specific remedial treatment for him was devised which involved planing, sawing, and french polishing, at the Unit, and reseating and upholstering stools and chairs at home. with the help of his wife he was also able to do some home decorating and domestic chores. As is not unusual the patient was depressed and apathetic when he first attended the Unit but the activities which he was encouraged to participate in made him aware after a time that the future was not as gloomy as he had thought. His changed outlook made him much more cheerful in his approach to work, and he became more purposeful, co-operating enthusiastically with every project. After a year's treatment, his mental and physical condition had improved so much that he was able to take up full time employment as a boiler attendant in June 1973. Occasional home visits have revealed that the patient is still cheerful and enjoying his work.

This brings me to the end of my last Annual Report but before I close I would like to pay tribute to all the staff of the Stafford Street Unit. Mrs. Keeling, Mr. Brammer, and Mrs. Sanders, and two voluntary workers, Mrs. Reed and Mrs. Merry have all rendered invaluable and untiring assistance to the patients, whom I am sure have appreciated their efforts. In concluding I wish Mrs. King, who has now taken over the Unit, success and happiness in her new appointment.

## Statistics

Patients on register .....	42
Patients attending Occupational Therapy Unit .....	20
Home visits .....	1952
Patients returned to full-time employment .....	8
Patients who received further training at Long Eaton I.R.U. ....	1
Patients transferred to Social Services Dept. after assessment at request of G.P.'s .....	7
Treatments at Occupational Therapy Unit .....	1302
Part time Voluntary Workers .....	2



*Mrs. E. M. Bentley receiving farewell gifts from Occupational Therapy Unit colleagues and patients*

## CHIROPODY SERVICE

Report by Mr. G. E. Hunt.

The categories of persons who may be treated are those of pensionable age, the handicapped and expectant mothers, although the vast majority of patients are in fact, pensioners. The fee charged for each treatment is 15p except for those in receipt of supplementary benefit to whom treatment is available free of charge. With the introduction of the reorganised National Health Service in April, 1974, these fees will be abolished.

### Pear Tree Clinic

Mrs. Melville reports that a five day clinic re-commenced in October after a six month lapse following the resignation of the previous full-time chiropodist. Consequently the case load was very heavy and many patients had suffered considerably apart from the few who had sought private treatment in the meantime. Fortunately no serious problems had arisen with any patients and once a subsequent visit had been made, their foot conditions returned to normal. It had been necessary during the year to introduce a twelve-week gap between appointments at all clinics, being the only way that the chiropodists could see all those persons requiring treatment. However, the period is rather too long for severe cases and they are seen as often as necessary. At the end of the year, the damp climatic conditions brought an influx of chilblains which were duly treated. Several ladies attended weekly for dressings on ulcerated lesions but these are responding to treatment.

The most regular patient is a mentally handicapped woman of 23 years old who attends weekly for treatment of a nail condition. Although at first she refused to be examined, she has now gained confidence, allows a certain amount of treatment and even enjoys her visit.

The ambulance drivers' dispute created a problem for those who normally attend the clinic by ambulance but this was overcome by giving temporary domiciliary treatment to those people, and this was greatly appreciated by the patients and prevented long periods without treatment which could have given rise to chiropodial problems.

To make up ten sessions per week, Mrs. Melville has been assisted by Mr. McCann, Mrs. Bewley and Miss Hunt and I am grateful for their ready help at short notice.

### Rykneld Clinic

Mrs. Mullineux has worked six sessions weekly during the year and since March, has supplemented her services with a few domiciliary treatments which is much appreciated by those housebound patients who include five critical arthritics awaiting hip operations. Arthritis causes many problems but four patients have found great benefit from specially made real leather shoes incorporating appliances to accommodate their deformities. Mr. B., a Ukrainian patient who can only speak six words of English, sometimes misunderstands what we try to explain to him; after his first visit, he removed all his dressings the same evening and next time, he had not washed his feet for the whole period between treatments. Unfortunately, one patient, Mrs. C. fell down and sustained injuries to her eye and a fractured wrist but made a good recovery.

The ambulancemen's strike disrupted treatments for two months to our immobile patients at the end of the year.

### Maine Drive Clinic

The chiropodists, Mrs. Wainwright and Miss Hunt worked together during the year to provide six sessions per week and this gave an expected increase both in the number of patients treated and treatments given.

Only two physically handicapped patients received treatment. Twenty-one patients were brought to the Clinic by ambulance and several more were transported by various welfare departments, and there is a rather lengthy waiting list for ambulance transport. An interesting case was of an elderly person being treated for verrucae which is relatively uncommon amongst such persons. Elsewhere in the premises, a child health clinic is held and a number of mothers have wished to consult a chiropodist regarding their very young children. These patients have been seen as a favour at the request of the health visitor but the requests have increased to the extent that there appears to be a real need for chiropody treatment for pre-school age children to be put on a sounder basis within the integrated health service of the future. At present mothers can only take their children to a private chiropodist, and often they hesitate to do so for fear of high fees, or to their own general practitioner whose tight schedule of surgery time would seem to militate against the desirability of this course of action. These children's foot problems include thickened nails on a child of two suffering from Ichthyosis, several cases of ingrowing toe-nails and a bad corn on the little toe of a child with ill-fitting shoes. This indicates a startling fact into which research should probe that ingrowing toe-nails amongst very young babies appear to be steadily increasing. On enquiry of the mothers of all these children it was found that all slept on their tummies which at least is an interesting coincidence.

### Boulton Clinic

Mrs. Greatorex worked five sessions per week during the year, and undertook almost 1,850 treatments. She was helped by Mrs. King, Chiropody Assistant, until the end of the year prior to her appointment as Occupational Therapist in the Department.

### STATISTICS

Category	CLINICS				Other		Total
	Boulton	Rykneld	Pear Tree	Maine Drive	Domiciliary	S.S. Dept.	
Persons treated*							
Aged 65 and over	398	466	533	361	238	585	2581
Handicapped	8	7	2	2	2	91	112
Expectant Mothers	—	—	1	—	—	—	1
Total	406	473	536	363	240	676	2694
Treatments given*							
At Clinics	1848	2122	2144	1638	—	441	8193
In patients' homes	—	—	—	—	957	—	957
In old peoples' homes	—	—	—	—	—	2628	2628
Total	1848	2122	2144	1638	957	3069	11778

\* All treatments by Local Authority and none by voluntary organisations.

## AMBULANCE SERVICE

Report by Mr. J. W. Joynes

Many problems, most of which arose during the year due to the pending reorganisation have yet to be resolved. In my report for 1972 I stated that the prime object of the Health Service was the welfare, comfort and treatment of patients, but in order to achieve this objective, an atmosphere of co-operation and participation must be created amongst the personnel, coupled with a fair salary and a career structure. Industrial unrest over pay within the Ambulance Service resulted in the withdrawal of out-patient transport and only accident and emergency calls were attended during November and December. A settlement was agreed and normal working was resumed after the Christmas break.

### Raynesway Control Room

The construction of the new Control Room at Raynesway is behind schedule but work is nearing completion and the room should be operational early in the new year. The sound proofing and air conditioning, together with a specially designed communications console, should improve the working conditions of the staff and increase the efficiency of the service. Consultations are taking place between the County Ambulance Officer and myself, with a view to incorporating the Mickleover and Ripley Controls into this building and thus provide a unified control centre for the southern part of the new Derbyshire Area Health Authority.

### Communications

The radio sets ordered last year are fully operational and are not only fitted with the Emergency Reserve Channel frequency which enables the vehicles to be controlled at the scene of any major accident in any part of the country, but are also fitted with the frequencies of the areas surrounding Derby which will be a tremendous advantage after April, saving the new Authority considerable expense as well as avoiding the delay and inconvenience of modifications being completed or components being delivered.

The system comprises two banks of key and lamp units with connections to 999 circuits at the telephone exchange, police and fire services, two tie lines into the Derby Hospital internal system giving access to every ward and department in the group of hospitals, and the remainder ordinary exchange lines or internal administration extensions. The majority of requests from the Derbyshire Royal Infirmary are made by means of a private teleprinter circuit which both eliminates the writing of verbal telephone messages, and reduces the possibility of mistakes.

The radio system is also coupled into the key and lamp units enabling all radio communications to be conducted through the G.P.O. telephones at any of the six console positions leaving the desk area clear and uncluttered by leads and microphones, as the photograph shows.



*The specially designed Communications Console at Raynesway Control Room*

## Training

The training programme has been maintained and 52 of the Driver/Attendants have qualified for the Ambulance Proficiency Certificate. Two new entrants have yet to attend the basic six weeks training course but are booked for a course early in April.

All five Station Officers have attended courses for First Line Supervisors and Experienced Control Staff thereby implementing the Local Government Training Board Recommendation 14 for Ambulance Officers.

I have attended a three-week Senior Management Course at Leicester Polytechnic and a two-week course on Reorganisation at the University of York.

## Vehicles

The fleet strength is 22 vehicles at present but to allow vehicles to be withdrawn for maintenance, the Health Committee approved the purchase of two additional ambulances. Delivery problems delayed the replacement of vehicles and it is unlikely that six of the new vehicles ordered will be delivered before April, 1974. Three Bedford CF Ambulances were delivered from Dormobile, Folkestone, during 1973, plus two Ford Transit Ambulances, one Bedford Lift Welfare Ambulance and a Range Rover Ambulance from Herbert Lomas Limited of Cheshire. Fifteen of the present fleet are less than three years old and replacement vehicles have been ordered for four of the remainder so the new Area Health Authority will inherit a fleet of first class vehicles. The Range Rover replacing the Ford Estate Ambulance was chosen for its superb suspension and powerful reliable engine, and for its roominess to allow the needs of the patient to be attended to; a feature which was lacking in the Estate Ambulance.

<b>First Line Ambulances</b>		
JCH 112K	Ford Auto/Lomas	September 1971
BCH 913H	Ford Auto/Lomas	June 1970
BCH 914H	Ford Auto/Lomas	June 1970
BCH 916H	Ford Auto/Lomas	June 1970
ACH 115H	Ford Auto/Lomas	January 1970
JCH 117K	Ford Auto/Lomas	September 1971
OCH 18L	Ford Auto/Lomas	January 1973
OCH 19L	Ford Auto/Lomas	January 1973
XCH 901M	Range Rover/Lomas	January 1974
SRC 910L	Bedford Auto/Dormobile	July 1973
VRC 911M	Bedford Auto/Dormobile	September 1973
VRC 920M	Bedford Auto/Dormobile	September 1973
<b>Wheel Chair Vehicles</b>		
MRC 222K	Bedford/Lomas	June 1972
MRC 223K	Bedford/Lomas	June 1972
WRC 924M	Bedford/Lomas	December 1973
URC 326G	Karrier/Lomas	October 1968
<b>Dual Purpose Vehicles (21 seats)</b>		
WCH 240G	Karrier/Maidstone	April 1969
WCH 241G	Karrier/Maidstone	May 1969
YCH 342H	Karrier/Maidstone	September 1969
YCH 343H	Karrier/Maidstone	October 1969
YCH 344H	Karrier/Maidstone	November 1969
YCH 345H	Karrier/Maidstone	December 1969

## STATISTICS

The emergency calls again increased by 9.45% over the previous year and in spite of the reduced number of patients conveyed during the industrial dispute, the number of patients requiring transport appears to be increasing after the slight decline last year showing a 0.25% increase in the general section.

The mileage for the first line ambulances increased slightly but the dual purpose vehicle mileage reflects the disruption as these vehicles were not used during the dispute.

In presenting my contribution to the Medical Officer of Health's last Annual Report, I would like to record my sincere thanks to all members of the professional and administrative staff for their assistance, and to all members of the ambulance service for the loyalty and pride they take in the service.

## PATIENTS

Type of Case	Ambulances		Dual Purpose Vehicles		Total	
	1973	1972	1973	1972	1973	1972
Emergency Calls	4,883	4,445	143	147	5,026	4,592
Other Calls	50,373	35,775	64,278	75,953	114,651	111,728
	55,256	40,220	64,521	76,100	119,677	116,320

## MILEAGE

	Ambulances		Dual Purpose Vehicles		Total	
	1973	1972	1973	1972	1973	1972
With Patients	241,584	220,624	135,759	179,721	377,343	400,345
Other Journeys	4,056	10,758	2,734	8,617	6,790	19,375
	245,640	231,382	138,493	188,338	384,133	419,720

## DEVELOPMENT

Year	Patients	Miles	Miles per patient	Cost per mile	Total Cost
1969	118,700	350,142	2.95	30p	£112,204
1970	123,699	376,531	3.05	35p	£126,427
1971	129,013	384,184	2.98	38p	£145,673
1972	116,320	419,720	3.61	40.8p	£171,124
1973	119,677	384,133	3.2	52.6p	£202,119

## Ratio of Staff and Vehicles to number of patients conveyed:

Year	Staff	Vehicles	Staff to patients	Vehicles to patients
1969	52	21	1 : 2,283	1 : 5,653
1970	52	21	1 : 2,379	1 : 5,889
1971	54	21	1 : 2,389	1 : 6,143
1972	55	21	1 : 2,114	1 : 5,539
1973	55	22	1 : 2,176	1 : 5,439

## MEDICAL OPINION

Report by Mr. G. E. Hunt

In connection with the issue of driving licences under the Road Traffic Act 1972, the Local Taxation Officer forwarded me details regarding 48 applicants who declared that they had suffered or were suffering from epilepsy, sudden attacks of disabling giddiness, or fainting. I thereupon gave my opinion as to whether the applicants were medically fit persons to drive motor vehicles, and this usually involved liaison with medical practitioners. Of the 48 applications, 42 were approved, four were refused, one licence was revoked, and one case was still under consideration at the end of the year.

Medical history report forms were completed by 1286 new and prospective employees, and were considered to indicate that the applicant would be suitable for employment without medical examination. Dr. Latham Brown, the medical referee to the local authority, examined 63 of these persons.



# infectious diseases in Derby

**Infectious Diseases  
Tuberculosis  
Sexually Transmitted Diseases**



# PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

by Dr. E. B. Hazlewood

This last year has been very quiet regarding the incidence of infectious diseases. There have been no major outbreaks.

## Prevention

The only change in policy in the Department has been the decision to use syringes and needles to inject the B.C.G. vaccine intradermally instead of using the dermojet injector. At present we are looking into the results obtained by the two alternative methods of administering B.C.G. vaccine but the results are inconclusive so far.

## CONTROL OF INFECTIOUS DISEASES

### E. Coli

Six young children under three years of age were found to carry pathogenic types of E. coli in the stools when they were examined routinely prior to admission to a Day Nursery.

In the majority of cases, these children appear perfectly well and no medical treatment is thought to be necessary.

Repeated stool specimens, at intervals, always sooner or later become free from infection.

It has been suggested that it causes unnecessary delay and hardship to the parents by keeping children out of the Nursery whilst collecting stool specimens prior to admission but in actual fact, it causes far more hardship to the parents if a Nursery has to be closed due to an outbreak of infectious disease.

As this question was in fact raised this year, figures were noted and it was found that in 1969, thirty children were found on screening to have bowel infections prior to admission. The corresponding figure for 1970 was eleven children, 1971 — nine children, 1972 — twenty children and 1973 — nine children. If any of these children had been admitted while in this infectious state, major outbreaks could have occurred.

### Sonne dysentery

In March, a child was brought to Village Street Day Nursery suffering from diarrhoea and left to mix with the other children. This child had to be excluded as soon as it was realised and then the whole staff of twenty-one people and all the fifty-two children had to be investigated.

Fortunately as the child was excluded fairly quickly, this did not develop into a large outbreak and only six other children and two nurses were affected.

However this thoughtless behaviour involving taking a child already suffering from diarrhoea into a Nursery is to be deprecated as bowel infections in young children could be serious.

Investigations for loose stools were also carried out at Ivy House School in May. Fortunately the two children affected proved to have no bacterial infection.

Osmaston Road Day Nursery needed stool investigations in April. Fortunately only one child was proved to have a bowel infection which soon cleared.

### Typhoid

There are at present no typhoid carriers in Derby. The girl pupil left during the spring to live permanently abroad and the boy pupil following medical treatment in August in Manchester, appears to be free from infection. However a close check is being maintained on the child for the time being.

### Paratyphoid

I am pleased to report that the man who was a carrier of Para typhoid B, who seemed perfectly well while continuing to excrete the organism, now appears cured following a surgical operation in December, 1972.

### Smallpox

There was one smallpox alert in May. A tradesman visiting a household reported that the lady understood that she had smallpox. However a visit to the household and confirmation that the lady in question had not left this country for a few years, soon dispelled this fear.

### Cholera

In July, Tunisia informed the World Health Organisation of cholera occurring in their region. This information was passed on to the Chief Medical Officer at the Department of Health and Social Security who in turn notified the Association of British Travel Agencies, and all Medical Officers of Health. Tourists to Tunisia were recommended to be vaccinated against this disease before travelling. Family doctors in the Borough were notified of this and it also raised the possibility that any cases of diarrhoea occurring after a visit to Tunisia could be due to cholera. In this instance, there was only three days delay between Tunisia notifying the infection and information reaching the family doctor in Derby. This is an example of the excellent communication system that we now have.

In January, a man travelled to Lagos and on arrival back in Derby developed an acute infection which could have been cholera. Although the man in question had to our knowledge had yellow fever and cholera vaccinations, precautions were taken and investigations done at once. Fortunately, all bacterial investigations were negative. In this case, as often occurs, we presume that the infection was viral. It is usually impractical to initiate viral identification in a short or mild illness as the person is well long before the results are obtained.

In September, thirty adults attending the Derby College of Technology were investigated as they were classmates of a man who could possibly be a case of cholera. However I am pleased to say that all thirty and the man himself did not prove to have the infection.

Once again, Dr. B. W. Barton and his staff at the Public Health Laboratory have proved their excellence and the Infectious Diseases Health Visitor, Miss E. Tyerman, has done invaluable work at all hours.

My grateful thanks go to all those mentioned.

## STATISTICS

Compiled by Mr. H. J. Lee

## VACCINATION

PRIMARY COURSES COMPLETED	Year of Birth					Others under age 16	Total
	1973	1972	1971	1970	1966-1969		
Triple DTP	140	2151	425	55	37	2	2810
Diphtheria/Tetanus	1	27	9	4	115	7	163
Diphtheria	—	—	—	—	2	—	2
Tetanus	—	—	—	—	—	101	101
Rubella: Girls aged 13	—	—	—	—	—	1271	1271
Sabin	130	2167	447	60	157	104	3065
Measles	14	1196	884	155	189	16	2454
REINFORCING DOSES							
Triple DTP	—	54	100	16	151	20	341
Diphtheria/Tetanus	—	15	25	37	2119	198	2394
Diphtheria	—	—	—	—	43	—	43
Tetanus	—	—	1	5	20	1830	1856
Sabin	1	24	49	42	2274	2025	4415

## B.C.G. Vaccination against Tuberculosis

During 1973, visits were paid to all the Secondary schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	No. given Heaf Test	Tuberculin Positive	Tuberculin Negative	Vaccinated with B.C.G.
School Children	2644	48	2308	2289
"Contact" Scheme	178	6	172	172

Plus 21 Babies vaccinated in maternity hospitals

Incidence of Infectious Diseases, in Age Groups	At All Ages	At Ages — Years												Unknown	Total Cases removed to Isolation Hospital
		Unknown	1—	2—	3—	4—	5 9	10 14	15 24	25 44	45 64	65+			
Acute Meningitis .....	4	—	—	—	—	—	—	1	—	2	1	—	—	—	
Dysentery (Amoebic or Bacillary) .....	47	—	2	3	6	8	7	1	11	5	1	—	3	1	
Food Poisoning .....	15	—	—	—	—	1	2	2	5	1	3	—	1	3	
Infective Jaundice .....	4	—	—	—	—	1	—	—	1	—	2	—	—	1	
Malaria (case contracted abroad) .....	1	—	—	—	—	—	—	—	—	—	1	—	—	—	
Measles .....	1148	55	130	109	100	122	579	30	4	6	1	—	12	3	
Ophthalmia Neonatorum .....	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever .....	147	1	2	12	12	16	70	26	1	4	1	—	2	—	
Whooping Cough .....	4	—	—	—	2	1	—	1	—	—	—	—	—	—	
Tuberculosis — Respiratory .....	64	—	—	1	2	—	2	3	18	12	17	9	—	49	
Tuberculosis — Other Forms .....	14	—	—	—	—	—	—	—	3	6	3	2	—	3	
Totals .....	1449	57	134	125	122	149	660	64	43	36	30	11	18	60	

## DERWENT HOSPITAL

26 Derby residents were admitted or discharged during the year; none died in hospital, and there were no cases remaining either at the end of 1972 or 1973. Of these 26 residents, 7 were treated for gastroenteritis, 4 for glandular fever, 3 for measles, 3 for scabies, 2 for salmonella infection, and 1 each for mumps, dysentery and infective hepatitis.

## TUBERCULOSIS

Report by Dr. W. J. Windebank, Consultant Physician, Derby Chest Clinic.

### Incidence.

64 new cases of Respiratory Tuberculosis were notified in Derby during 1973, 16 more than in the previous year.

Included in this total were 29 Indian and Pakistani immigrants, 1 referral from Nottingham Mass Radiography Unit, and 3 contacts of known cases of tuberculosis discovered by routine examinations at Derby Chest Clinic.

13 new cases of non-respiratory tuberculosis were notified, compared with 18 last year. Of these new cases 8 were Indians and Pakistanis.

## SEXUALLY TRANSMITTED DISEASES

Reported by Dr. W. H. Donald, Consultant Venereologist, Derbyshire Royal Infirmary

The total number of new patients remained approximately the same in 1973 as in 1972, and there has not been the increase which could have been expected as there is a continuing increase in the national statistics and also in the surrounding areas of Nottinghamshire and Leicestershire.

Early infectious Syphilis is virtually non-existent in Derbyshire, the one case seen in 1973 acquired his infection outside Derbyshire. Gonorrhoea remains a problem and the proportion of young female patients remains high, 22 patients were aged 16 or 17. There were 13 cases of Gonococcal Salpingitis, a considerable increase over previous years. There were 3 cases of Gonococcal Ophthalmia Neonatorum and one case of Gonococcal infection in a young female child.

Other sexually transmitted diseases continue to cause some problems. Non-specific urethritis is commoner in males than Gonorrhoea and can be more difficult to cure, and often gives rise to social and marital problems. Vaginal Candidiasis (Thrush) in females is very common and often causes urethritis or other genital irritation in the male partner. 50% of all female cases of vaginal thrush were taking the contraceptive pill, and of the total 717 new female patients 253 were taking the pill and of these only 61 were married.

The increasing spread of Health Education has led to an awareness, particularly in the young, of the possibility of sexually acquired infections and it is noticeable that patients are more familiar with the possible cause of their symptoms.

There has always been a valuable liaison between the Special Clinics and the Public Health Departments since the first clinics were established by Local Authorities in 1916, and this was maintained when the clinics became an N.H.S. responsibility in 1948. The reorganisation of the Health Service on 1st April, 1974 will not change the service given by the Special Clinic and it is hoped that this valuable liaison will continue with the Community Physicians, Director of Social Services and Health Education Officers.

	TOTAL		SYPHILIS		GONORRHOEA		OTHER	
	1973	1972	1973	1972	1973	1972	1973	1972
Total Patients all areas	2,474	2,524	18	23	444	476	2,012	2,025
Derby Borough	1,817	1,828	11	13	373	376	1,433	1,439

	MALE	FEMALE	TOTAL
<b>SYPHILIS</b>			
Early infectious	1	-	1
Late Syphilis	7	3	10
<b>GONORRHOEA</b>			
Post pubertal cases	221	148	369
Pre-pubertal	2	2	4
<b>Age Groups</b>			
Under 20	27	63	90
Over 20	194	85	279
<b>Country of Origin</b>			
United Kingdom	102	115	217
West Indies	82	25	107
Asia	15	4	19
Others	22	4	26
<b>Other conditions NOT requiring treatment</b>	176	124	300
<b>Other conditions treated</b>			
Non-specific Urethritis	329	-	329
Non-specific Urethritis with Arthritis	5	-	5
Other non-specific genital infection	-	74	74
Trichomoniasis	72	132	204
Candidiasis	11	158	169
Scabies	20	11	31
Pediculosis Pubis	15	10	25
Herpes Genitalis	22	8	30
Genital Warts	57	33	90
Molluscum Contagiosum	2	2	4
Other miscellaneous	157	7	164
Cervical Cytology Smears	293	<i>No positive smears</i>	

# environmental health in Derby

Legislation  
Living Conditions  
Pollution Control  
Working Conditions  
Food Control  
Sampling  
Prosecution  
Water Supply  
Swimming Baths  
Sewerage  
Rodent Control



# ENVIRONMENTAL HEALTH

Report by Mr. A. Wenn

The spring of 1973 was a sad one for the whole of the staff of the Environmental Section of the Health Department because of the death of Mr. Redvers Davies, who had been our Chief and friend for so many years. Mr. Davies had during his long career with this department been especially interested in food inspection and was an active campaigner for legislation requiring a national uniform coding system for perishable foods.

## Local Government Re-organisation

At the end of the year under review local government outside London was in turmoil, 'D' day was only some three months away and there was so much still to do if the new authorities were to operate successfully from the 1st April 1974. Derby was no exception, but at least we knew what the committee and departmental structures were to be. In the event there is to be an Environmental Health Department charged with the responsibility of carrying out all those functions traditionally associated with a public health inspector's office. I myself have been appointed Borough Environmental Health Officer and so this is the last occasion on which the Chief Public Health Inspector in Derby will be writing a report as part of the Medical Officer of Health's Annual Report.

It is perhaps fitting at this juncture to remind readers that the association of public health inspectors with the Medical Officer of Health goes back in Derby for something like 100 years — the first Annual Report on the Health of the Borough of Derby was produced for the year 1877 when typhoid fever was endemic and large number of infants died from what was known as summer diarrhoea. The intervening 100 years and particularly the last thirty years have seen the virtual elimination of infectious disease from our midst and at the same time the work of the public health inspectorate has expanded into so many technical and legal fields that the need for medical surveillance not only diminished but to a large extent became superfluous.

While, therefore, many local government officers have mixed feelings about the wisdom of some of the re-organisation proposals, we public health inspectors welcome the opportunities which complete autonomy provides to utilise our own initiatives to further improve the state of environmental health in our various areas.

At the same time we are very cognisant of the constraints operating at the present time in relation to lack of trained professional staff and of finance.

## HOUSING — Clearance of unfit houses

As has happened so many times before, 1973 was a rather frustrating year in some ways. The Council's clearance programme based on the need to represent, and clear about 800 houses annually until 1979, ran into difficulties because of the sudden change in the general housing situation, vis a vis prices, availability of mortgages, and steeply rising interest rates, which meant that more people were coming on to the general waiting list for council houses and at the same time less people in areas affected by clearance proposals were able to purchase houses for their own occupation.

After full discussion the County Borough Council and the shadow District Council, acting in concert decided that there should be a temporary halt to further representations of clearance areas until the whole programme had been reviewed. In view of the position reached, whereby the number of houses in both confirmed and other orders appeared to be too far ahead of the number of families it was possible to rehouse, this seemed an eminently sensible course of action to take and the necessary survey was commenced before the end of the year. Four thousand houses provisionally earmarked for clearance action will need reappraisal in order to ascertain (i) whether any of them may be retained for a further period and (ii) in what order the houses which will remain in the clearance scheme should be dealt with if the only criterion for action was to represent the worst first. So far as the latter prospect is concerned it is almost inevitable that such a priority list will need to be modified by the Council in order that replacement dwellings can be constructed in or near the town centre.

## IMPROVEMENT OF HOUSES

As a result of the publicity emanating largely from London as to the exorbitant profits being made by speculators operating in the house conversion field with the aid of improvement grants, the Derby Council also became much more sensitive in their attitude towards the giving of grants, particularly if there was reason to think that a speculative element was involved.

Procedure was agreed whereby I, acting under delegated powers, continued to approve all grants to owner/occupiers, to Housing Associations and to landlords of controlled or regulated tenancies. Practically all other applications would be reviewed by the Committee. Members were conditioned in their attitudes by the fact that the Council were unable to attach conditions concerning re-sale to any grant authorised. This aspect of the matter was also evidently being considered by the Government because in the White Paper "Better Homes — The Next Priorities" certain proposals were put forward which when translated into legislation should have the effect of cutting out the speculative use of grants while, it is hoped, not reducing unduly either the numbers of houses improved or converted. A new Housing Act was promised for 1974.

The results of the changes in policy of the Council are not particularly clear as yet because although some applications for discretionary grant have been rejected and others discouraged before acceptance, there has at the same time been a marked swing in the applications from standard grant (324 in 1972, 165 in 1973) to discretionary grant (271 in 1972, 378 in 1973). This is a most rewarding result of our persuasive efforts with property owners be it landlord or owner occupier to improve to a higher standard.

Another gratifying statistic is the fact that I am once again able to report that about one third of all grants approved related to tenanted houses and two thirds to owner occupied houses in those sectors of private housing which are eligible for improvement grants.

The seven standard grit deposit gauges have been continued and results are printed in this report.

Unfortunately the daily volumetric gauge which was moved from Victory Road to the Barracks had to be taken out of use when the Bibliographical Section of the Library moved from their temporary premises. It is hoped that when the new Environmental Health Department has settled quarters it may be possible to start measurements in the town centre again. Average figures for the year are printed in the report.

## Staff and Personalia

One survey assistant left during the year and authority to fill the post was refused.

Mr. Raven, the Divisional Inspector responsible for pollution control has continued as Secretary to the East Midlands Division of the National Society for Clean Air, and has continued to represent the Corporation on the Spondon Pollution Committee.

## Motor Vehicles

Motor vehicle exhausts continue to be the subject of discussion. A British Standard limits opacity of smoke from diesel engined vehicles. All petrol engined cars and light commercial vehicles must now comply with Regulation No. 15 of the United Nations Economic Commission for Europe which sets limits for carbon monoxide and hydrocarbons. In 1972 the Secretary of State announced a programme for the phased reduction of lead in petrol from 0.84 grammes per litre to 0.45 grammes per litre by the end of 1975. Powers to achieve this are contained in the Protection of the Environment Bill. Reduction of the tetra-ethyl lead results in a more costly petrol and in increased consumption. In view of the fuel situation at the close of 1973 there is accordingly a pressing need to concentrate on more efficient use of the fuel.

## Heavy Metals

Reducing lead in petrol is but one aspect of a good deal of investigation of heavy metals in the atmosphere. Whilst lead has received a great deal of publicity it is by no means the only metal of interest.

## Deposit of Poisonous Waste Act, 1972

The Department has continued to monitor and record the movement of waste falling within the scope of this Act. This will become a county responsibility on 1st April, 1974.

## Noise

During 1973 the Noise Insulation Regulations made under the Land Compensation Act were issued. These regulations make available grants for noise insulation work in dwellings adjacent to new or enlarged roads where the eighteen hour  $L_{10}$  exceeds 68 dB(A). This duty will pass to the County Council on 1st April, 1974.

Complaints during 1973 have included noisy neighbours and barking dogs, noisy late night parties, ice cream chimes, traffic noise, noise from industry and from building sites.

## Prospect

Legislation dealing with the environment in the future is likely to place limits on noise which may be emitted from building sites and will provide for 'noise control areas'. Much more attention will be paid to the inter-relationship between industry and residential areas to avoid situations where residents are subjected to undue noise.

There are also proposals to have committees on which the district councils, industry and local organisations concerned with atmospheric pollution would be represented. These Committees would be serviced by the District Council, and the District Alkali Inspector and the Environmental Health Officer would attend to give technical advice and assessment.

**Daily Volumetric Filter Readings, Results in Microgrammes per Cubic Metre**

1973	Average Figures					
	Peartree Clinic		Normanton Clinic		Normanton Barracks	
	Smoke	Sulphur	Smoke	Sulphur	Smoke	Sulphur
January	172.85	212.97	99.08	187.44	94.18	181.71
February	95.18	97.88	37.64	70.25	62.00	77.68
March	112.21	143.85	53.85	99.37	65.60	107.46
April	53.46	75.78	25.56	49.58	36.75	57.11
May	33.88	69.20	19.15	54.29	20.03	66.71
June	12.79	68.50	11.64	52.86	23.63	65.41
July	18.93	63.96	7.39	36.34	29.79	64.07
August	23.47	65.57	19.09	45.74	22.74	55.31
September	42.07	69.78	18.07	52.78	30.68	65.00
October	89.75	130.53	40.61	95.86	—	—
November	103.50	150.44	62.43	99.46	—	—
December	67.07	92.27	27.62	73.58	—	—

**Deposit Gauges – Total Undissolved Deposit**

Figures are average deposits per day in milligrammes per square metre

	Winter 1972/73						Summer 1973						Averages		
	October	November	December	January	February	March	April	May	June	July	August	September	Winter	Summer	Year
Central Bus Station (8)	144	105	151	166	84	186	128	179	158	165	133	114	139	146	142
Technical College (6)	104	88	84	176	64	117	130	84	92	92	61	79	106	90	98
Markeaton Park (9)	46	246*	56	41	40	50	78	106	146	229	81	92	80	122	101
British Rail School of Transport (10)	125	149	78	62	80	72	67	119	69	81	354*	69	94	126	110
E.M.G.B. Pump House (11)	56	88	74	48	74	56	58	71	46	36	5	34	66	42	54
C.W.S. Warehouse (13)	103	120	112	94	69	98	101	155	90	120	41	77	99	97	98
City Hospital (12)	137	211	78	84	122	(a)	(b)	523*	309*	405*	133	136	—	—	—

\* not considered typical – yearly averages for (9) and (10) both probably nearer 90mg/m<sup>2</sup> / day

(a) outlet from bowl choked – sample discarded

(b) gauge out of action

# WORKING CONDITIONS FACTORIES ACT, 1961

There are 609 mechanical and 47 non-mechanical factories, including bakehouses, on the Register. In addition, there are 33 other premises registered under the Act, including works of engineering and building construction but excluding outworkers premises.

One written notice was issued in respect of a factory with mechanical power where the defect was an unsuitable sanitary convenience. This was the only contravention found during the year and was duly remedied. 49 outworkers were employed making wearing apparel, and 3 making furniture of upholstery.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Act has now been in operation for a period of 10 years and rather than comment on work carried out during the year under review, I would prefer to set out general impressions of the impact of the Act during its ten years of existence.

During the initial inspections carried out in the first two years of the Act a large number of premises, mainly small shops and offices were found to lack basic amenities for staff, such as the provision of hot water, insufficient working facilities and insufficient heating and lighting. Many staircases were encountered with defective stairs and no handrails. These types of offence are now the exception rather than the rule and it is in these fields that most progress has been made.

I would like to comment on various specific provisions of the Act as follows:-

### (1) OVERCROWDING

This has never been a real problem and only an occasional marginal problem has been encountered. Complaints have been received when premises have been found to comply with the requirements. My opinion is that the statutory standard is low and cases of statutory overcrowding are so obvious that complaints would inevitably follow.

### (2) TEMPERATURE

Most of the initial difficulties in this field concerned multiple shops maintaining a policy of "open doors" at all times. These have now largely been overcome by the installation of suitable blower type heaters in the entrances and provision of baffling screens. Premises in general are found to be complying with the statutory minimum temperatures.

### (3) LIGHTING

The standard of lighting has improved considerably since the Act has been in force. The majority of premises have standards well above the minimum required. The standard in some sanitary annexes still leaves something to be desired.

### (4) SANITARY CONVENiences AND WASHING FACILITIES

The standard of these facilities has improved considerably since the commencement of the Act. I am of the opinion, however, that the standards laid down in the Regulations are easy to achieve, without improving the amenity value of the facilities. One has still to accept obsolete facilities at the rear of yards, which comply with the requirement of the regulations; or conveniences tucked away in obscure corners under staircases. Perhaps a review of the Regulations with emphasis on wall and floor surfaces would not come amiss.

### (5) EATING FACILITIES

Generally speaking staff rooms have been provided in most shops for this purpose, but difficulties have been encountered when certain managements have resolved the problem by merely instructing employees not to eat on the premises. Complaints have been received from office workers that no facilities are provided for eating meals, but, of course, these premises are not covered by the Act. At the planning stage of office development it has often been possible to persuade developers to incorporate staff room and eating facilities.

### (6) FLOORS, PASSAGES & STAIRS

During the initial period of the operation of the Act, it was quite common for defective stair treads and absence of handrails to be found. Passages and staircases were found to be obstructed especially in shops, where it can be the practice of storing goods in these areas. Now these types of offence are far less common. It would appear that the main cause of falls on stair-cases is human error although many managements did not appear to appreciate the necessity of maintaining staircase and floor surfaces in a safe condition.

### (7) HOISTS & LIFTS

The main difficulty appears to be executing works required within a reasonable time.

### (8) NEW BUILDINGS

The main difficulties in relation to modern office buildings are in relation to heating and ventilation. The large areas of window space usually present in this type of building gives a "greenhouse" effect and conditions during the summer months can be intolerable especially where blinds have not been provided. In winter the centrally hung swivel sash windows often found give rise to draughts and the result is that workers keep these windows closed and no ventilation is provided. Mechanical ventilation may be the answer, but there are often practical difficulties in providing this. Natural and artificial lighting have been found to be very good in most modern buildings.

Many difficulties have been experienced in respect of refuse accommodation mainly in the modern shopping complexes which have been established in the last few years. The tendency is for no enclosed yard to be provided and refuse is piled outside the rear of shops, often accessible to the public. Occupiers often appear reluctant to accept responsibility for the common areas. The situation is often complicated by hooliganism resulting in refuse containers being overturned and vagrants sorting refuse mainly waste food.

# FOOD AND DRUGS ACT 1955

## Food Hygiene (General) Regulations 1970

There are 1523 food premises subject to these regulations in the Borough comprising 850 general food shops, 238 public houses, 236 catering premises including canteens, 126 butchers, 67 fried fish shops and 6 bakeries. No poultry processing premises are situated in Derby.

### Summary of Contraventions

Section	4	Cleanliness . . . . .	87
	6	Temperature . . . . .	32
	7	Ventilation . . . . .	26
	8	Lighting . . . . .	8
	9	Sanitary Conveniences . . . . .	79
	10	Washing Facilities . . . . .	85
	12	Clothing accommodation . . . . .	22
	13	Sitting Facilities . . . . .	1
	15	Eating facilities . . . . .	11
	16	Floors, passages and stairs . . . . .	58
	17	Fencing, exposed parts machinery . . . . .	5
	24	First Aid . . . . .	91
		Other matters . . . . .	148

Fifty six accidents were reported during the year as required by Section 48 of the Act. These were mainly due to falls of persons and accidents occurring during handling of goods.

### FOOD AND DRUGS ACT 1955

## Milk (Special Designation) Regulations, 1963

### SAMPLING:-

Pasteurised . . . . .	138
Sterilised . . . . .	26
Ultra Heat Treated . . . . .	11
Methylene blue test failures (Keeping quality) . . . . .	2
Phosphatase test failures (efficiency of pasteurisation) . . . . .	-
No untreated (farm bottled) milk was retailed.	

### LICENSING:-

Dealers — Pasteurisers . . . . .	1
Dealers — Pasteurised . . . . .	256
Dealers — Sterilised . . . . .	124
Dealers — Ultra Heat Treated . . . . .	24

### Milk and Dairies (General) Regulations, 1959

Distributors on register . . . . .	17
Dairy premises on register . . . . .	3

### Ice Cream — Food and Drugs Act 1955, Section 16

Premises registered for manufacture, storage and sale:-	
Manufacture and sale . . . . .	5
Sale only . . . . .	735

### SUMMARY OF FOODSTUFFS CONDEMNED

Wholesale provision stores, fish and fruit markets have been regularly inspected. Foodstuffs condemned as unfit for human consumption were as follows:-

	Tons	Cwts.	lbs.
Meat at wholesale premises . . . . .	—	2	55
Meat at retail shops . . . . .	—	—	62
Cooked meat and meat products . . . . .	—	1	8
Canned meat . . . . .	1	13	41
Other canned foods . . . . .	3	10	80
Fish (fresh) . . . . .	—	6	67
Fruit and vegetables (fresh) . . . . .	4	15	73
Other foods . . . . .	2	15	31
Frozen foods due to cabinet breakdown . . . . .	4	0	0
Total . . . . .	17	5	81

## Weight of Meat Condemned

The following table gives the weight of meat found to be unfit for human consumption during the course of meat inspection at the slaughter-houses:-

	<i>Tons</i>	<i>Cwts.</i>	<i>lbs.</i>
Pork . . . . .	4	15	71
Beef . . . . .	1	17	83
Veal . . . . .	—	1	58
Mutton and Lamb . . . . .	—	12	49
Offal . . . . .	10	6	90
Total . . . . .	17	14	15

Arrangements are made for all this meat and offal to be processed for industrial purposes at Nuneaton and Nottingham.

## SLAUGHTER OF ANIMALS

### Animals Slaughtered, Inspected and Condemned

	<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Total</i>
(100%) Animals slaughtered and inspected	7,101	327	15	28,048	18,938	55,387
Affected Carcasses All diseases or abnormal condition other than Tuberculosis or Cysticercosis						
Whole carcases condemned	1	6	3	23	52	85
Part carcases or organs condemned	782	785	3	612	669	2,851
Percentage numbers inspected found affected	11.02%	61.56%	4.75%	2.26%	3.81%	14.30%
Affected Carcasses Tuberculosis only						
Whole carcases condemned	—	—	—	—	—	—
Part carcases or organs condemned	—	19	—	—	1	20
Percentage numbers inspected found affected	—	1.48%	—	—	—	0.03%
Affected Carcasses Cysticercosis only						
Whole carcases condemned	—	—	—	—	—	—
Part carcases or organs condemned	23	3	—	—	—	26
Carcases submitted to refrigeration	9	—	—	—	—	9
Percentage numbers inspected found affected	0.45%	0.23%	—	—	—	0.41%

### Animals Slaughtered under Government Orders

	<i>Bulls</i>	<i>Cows</i>	<i>Steers</i>	<i>Heifers</i>	<i>Calves</i>	<i>Totals</i>
Tuberculosis Orders, 1964	—	30	—	—	3	33
Brucellosis (Accredited Herds) Scheme	1	30	—	8	—	39

INCIDENCE OF DISEASE – CONDEMNATIONS

Cattle

	Totally Condemned		Part Condemned	
	Cattle excluding Cows	Cows	Cattle excluding Cows	Cows
Abscesses and Abscess Adhesions	—	—	3	—
Bone Taint .. ..	—	—	4	—
Emaciation .. ..	—	1	—	—
Contamination .. ..	—	—	—	—
Decomposition .. ..	—	—	—	—
Oedema .. ..	—	—	—	1
Fever .. ..	—	1	—	—
Fibrosis .. ..	—	—	1	—
Injury and Bruising ..	—	1	20	10
Presternal Calcification ..	—	—	—	1
Septicaemia .. ..	1	—	—	—
Septic Metritis .. ..	—	3	—	—
Tuberculosis .. ..	—	—	—	—
<b>Totals</b> .. .. ..	<b>1</b>	<b>6</b>	<b>28</b>	<b>12</b>

Sheep

	Totally Condemned	Part Condemned	
Abscesses and Abscess Adhesions	1	7	—
Anaemia .. .. ..	1	—	—
Arthritis .. .. ..	1	14	—
Fever .. .. ..	2	—	—
Moribund .. .. ..	1	—	—
Oedema and Emaciation ..	13	1	—
Pleurisy .. .. ..	—	4	—
Pyrexia .. .. ..	1	—	—
Septicaemia .. .. ..	1	—	—
Toxaemia .. .. ..	1	—	—
Injury and Bruising .. ..	1	20	—
<b>Totals</b> .. .. ..	<b>23</b>	<b>46</b>	

Pigs

		<i>Totally Condemned</i>	<i>Part Condemned</i>
Abnormal Odour	.. ..	—	1
Abscesses and Abscess Adhesions		1	80
Arthritis	.. .. ..	—	71
Corynebacterium Equi	..	—	13
Fever	.. .. ..	1	—
Injury and Bruising	.. ..	—	164
Moribund	.. .. ..	1	—
Oedema and Emaciation	..	—	2
Pale Soft Exudate	.. ..	3	2
Pleurisy	.. .. ..	—	4
Pyaemia	.. .. ..	31	—
Septicaemia	.. .. ..	14	—
Tuberculosis	.. .. ..	—	1
Tumours	.. .. ..	1	1
	.. .. ..	—	—
Totals	.. .. ..	52	339

Calves

		<i>Totally Condemned</i>	<i>Part Condemned</i>
Abscesses	.. .. ..	—	1
Emaciation	.. .. ..	1	—
Injury and Bruising	.. ..	—	1
Joint-III	.. .. ..	2	—
	.. .. ..	—	—
Totals	.. .. ..	3	2

# SAMPLING

Report by Mr. J. Markland

## Food & Drugs Act, 1955

During the year, 228 informal samples were submitted for analysis. This is again a very low sampling rate of 1.0 per 1,000 population. Fifteen samples (6.6%) were unsatisfactory because they either failed to comply with relevant legislation or were not of acceptable quality. These 15 samples were seven sausages and single samples of ice cream, cereal products, honey, meat in gravy, jam, tea flavoured beverage, sugar confectionery and sugar containing artificial sweetener.

### Milk

35 samples of milk were examined for compositional quality. All were satisfactory. Three of the samples were deficient in non-fatty solids, but this was due to natural causes.

The average composition of the samples was:-

Fat	3.49%
Non-fatty solids	8.70%
Total solids	12.19%

These figures are not true annual averages for milk sold in the area, because the samples were obtained over a limited period of time.

### Other Samples

Of the seven unsatisfactory samples of sausage, only one was deficient in meat, but all contained preservative, the presence of which was not disclosed at the time of sale. A sample of ice cream was deficient in fat, stewed steak in gravy was low in meat, a honey contained invert sugar. Jam, Vermicelli, Tea Flavoured Drink, Sugar with Artificial Sweetener and Sugar Confectionery were inadequately labelled.

### Lead in Food Regulations

None of the samples examined contained more lead than is permitted by the Regulations.

### Pesticides

Samples of apples, lettuce, onions, radishes, tomatoes and cucumber were examined for the presence of pesticide residues. In several instances, small residues were detected, but in every case the amounts found were well below the generally accepted tolerances.

### Complaints

Samples examined following consumer complaints included a Lolly Ice, Potato Crisps and a piece of glass alleged to have been found in margarine. In none of these cases could the complaints be confirmed.

#### *Other complaints:-*

Spaghetti Rings in Tomato Sauce	Contained rodent excreta
Sodium Salicylate Mixture	Contained mould
Fish Cake	Contained a piece of wood
Gripe Water	Contained a piece of glass
Meat & Vegetable Pasty	Contained a fly

### Fertilisers & Feeding Stuffs Act

26 fertilisers were examined, and eleven samples failed to comply with the requirements of the Regulations. Five Compound Fertilisers, Bone Meal, Dried Blood, Hoof and Horn Meal, Ammonium Sulphate and superphosphate of lime contained more nutrient than was declared, but these excesses would not have been to the prejudice of a purchaser.

One sample of Compound Fertiliser was incompletely labelled. Six samples of animal feeding stuffs were likewise examined. One Poultry Food contained an excess of oil. The excess would not be to the prejudice of a purchaser. All other samples were satisfactory.

### Miscellaneous

2 samples of fish were submitted for identification

2 cosmetic preparations, 2 casserole dishes, one paint scrapings and 4 coloured pencils were examined for trace metals

5 vegetables, 7 soils and 5 dusts from industrial sources were examined for lead content

1 sample of pet food was examined for effectiveness of sterilising processes

5 samples of fertiliser were submitted for special examination

36 samples of main water were tested for fluoride concentration

## Food and Drugs Act, 1955 – Section 2

<i>Offence or Default</i>	<i>Fine</i>
Selling Steak and Kidney Pie containing earwig	£25
Selling mouldy apple pies, unlabelled can of chicken, and unlabelled can of ham	£45
Selling bottle of milk containing three slugs	£30
Selling bottle "Gripe Mixture" containing pieces of glass	£25

## Other Legislation

### Milk & Dairies (General) Regulations 1959

Using dirty milk bottle — Fined £30

### Noise Abatement Act, 1960 Section 1

#### Public Health Act 1936 (Section 93)

Breach of nuisance order made on 21st April, 1972 — Fined £25

Continuing to contravene nuisance order made on 21st April, 1972 — Fined £35

### Noise Abatement Act 1960. Section 2

Sounding chimes outside permitted hours — Fined £10

### Food Hygiene (Market Stalls & Delivery Vehicles) Regulations 1966.

Not wearing clean and washable overclothing whilst handling open food — Fined £30

No nailbrush, and no soap or other suitable detergent — Fined £5

No first aid kit provided, no hot water provided at wash hand basin, and insufficient waste bin — Fined £5 on each of 4 summonses

Smoking whilst handling open food — Fined £3

## WATER SUPPLY

Reported by Mr. I. G. Edwards, Engineer and General Manager,  
South Derbyshire Water Board

The water supplied to the area has been adequate in quantity and generally satisfactory in quality.

Regular examination has been made both of raw and treated waters. A total of 114 bacteriological, 7 chemical and 108 partial chemical samples were taken from consumers' premises during the year, and of the 114 bacteriological samples, only 10 showed coliforms. Repeat samples were found to be coliform free

The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton, together with treated water supplies received from the Board's Homesford Works and the Derwent Valley Water Board. The local water is filtered and sterilised at the Little Eaton works. All water is now being treated to raise the fluoride content to 1.00 p.p.m.

None of the water as supplied to the consumers is liable to plumbago-solvent action.

All water is chlorinated before passing into supply.

There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwellinghouses, of which there are 77,020 in the Borough, are supplied with water by the Board.

The estimated amount of water supplied to the area of the County Borough of Derby from public supply was 5,218,115,920 gallons. The estimated number of gallons per head per day was 65.60.

## PUBLIC SWIMMING BATHS

Report by Mr. N. G. Rushton — General Manager

With growing demand for more water sports activities, to be a competent swimmer is a must. It would appear that by the increase in patrons attending existing facilities, greater interest is being shown in swimming. The opening of the New Regional Swimming Pool on the Municipal Sports Ground, Moor Lane, now nearing completion will to a certain extent go some way to meeting the demand.

*The present facilities are as follows:-*

### Reginald Street Baths (1904)

Swimming Pool, 100' x 30'

Turkish and Vapour with Exercise Room.

Sun-Ray Treatment

Slipper and Shower Baths.

Establishment Laundry

### Queen Street Baths (1932)

Gala Pool, 100' x 40'

Family Pool, 100' x 32'

Teaching Pool, 60' x 24'

Squash Courts (3)

Finnish Sauna with Exercise Room

Sun-Ray Treatment

Aeratone Therapeutic Bath

Slipper Baths.

Establishment Laundry

## Future Facilities (Opening Spring 1974)

### Regional Swimming Pool

Swimming Pool, 100m. x 12.824m.

Diving Bay (offset) 11.3m. x 11.7m.

Teaching Pool, 20m. x 7.5m.

Cafe

Sauna and Sun-Ray Suite

Massage

All water used within the pools is constantly filtered and sterilised, the amount of dose being automatically controlled to maintain the water in an alkaline condition. Trained operators regularly make chemical tests to ensure the safety of the water and 'Breakpoint' chlorination ensures the immediate extermination of bacteria.

Attendances during the year ending March 1973 show a marked increase in swimming over the previous year of some 40,000 bathers. Total attendances for the year for all services amounted to 836,501.

## SEWERAGE

Report by Mr. W. H. Richardson, Borough Engineer and Surveyor

Good progress has been maintained during 1973 in resewering the areas added to the Borough in 1968, with the completion of Chellaston Trunk Foul Sewer Contract No. 2, Spondon and West Spondon Redrainage Contract No. 1 and a small scheme in Darley Abbey village. This latter scheme is part of the Allestree to North Street Scheme, which together with Chellaston Trunk Foul Sewer Contract No. 3, will continue the work in the added areas during 1974. Both schemes are at an advanced stage of preparation but starting dates may be affected by cuts in local authority spending. In the near future a new culvert will be constructed to carry the Hell Brook under the A.38 at Pastures Hill.

An agency agreement for the design, construction, operation and maintenance of the sewerage system has been concluded between Derby District Council and the Severn-Trent Water Authority, and will come into force on 1st April 1974.

### Sewage Disposal

Three contracts (numbered 17, 18 and 19) were finished during the year, bringing Phase I of the Spondon Works extensions and reconstruction almost to a conclusion.

In Phase II, contract 20 has been completed, and two others, 21 and 22, for Sedimentation Tanks and High Rate Filters, are progressing well.

This part of Phase II will be the last project to be initiated by the Borough Council, since the sewage disposal service will be transferred to the Regional Water Authority on 1st April 1974.

### Statistics – Sewerage Work Carried Out

Combined Sewers . . . . .	530 m
Foul Sewers . . . . .	5116 m
Surface Water Sewers and Culverts . . . . .	8663 m
Land Drains . . . . .	297 m
Manholes . . . . .	483 No.

## RODENT CONTROL

### Prevention of Damage by Pests Act, 1949

1641 complaints were investigated during the year. If evidence of defective drains was apparent or suspected during the survey and treatment of rat complaints, notices were served under the Public Health Act, 1936, to remedy any defects found after testing.



the  
health  
of  
Derby  
School  
Children

Medical Inspection  
Speech Therapy Clinic  
Special Education  
Dental Health



# SCHOOL HEALTH SERVICE

Report by Dr. J. E. Masterson

In 1948 the first National Health Service Act came into operation, and as 1973 was the last full year before the re-organisation of the Health Service in April, 1974, it is interesting to note briefly the changes in the Health pattern of children during that period.

Twenty-five years ago, antibiotics were just coming into general use, and diseases such as tuberculosis and other chest infections, rheumatic heart disease and chronic ear infections were not uncommon. These conditions are rarities today; they have been replaced by traffic injuries, behaviour problems and mental stress, due I believe to a large extent, to the pressures of modern living. With the increase of material resources, the physical condition of school children has improved considerably, but psychological problems have come to the fore — whether there are more of these problems, or whether we are simply more aware of them, is debatable, but they present a challenge for the future — both to the School Health and School Psychological Services, and we hope that closer integration of the three branches of the Health Service will enable a better service to be offered.

Special education provision has expanded considerably. Although the school population doubled after the extension of the Borough in 1968, the places in the E.S.N. Schools has trebled. The E.S.N. (S) School now provides over a hundred places, and Ashe Hall Residential School accommodates sixty delicate children. Provision for the deaf children is now excellent, but further expansion of services is still needed for the partially hearing, severely mentally retarded, and children with speech defects.

The tables which follow give details of work carried out during the year.

## MEDICAL INSPECTIONS IN SCHOOLS

At the end of the year, there were 43031 children on the registers of maintained primary, secondary, special and nursery schools. 8647 children had a routine medical examination (4501 boys and 4146 girls). In addition, head teachers brought forward 50 children for special examination.

The physical condition of 8642 (99.94%) children was satisfactory, and the remaining 5 (0.06%) were classified as unsatisfactory.

5207 parents (60.2%) accompanied their children, but 80.1% of the infants were accompanied.

### Heights and Weights

Age	Year	Boys			Girls		
		Number examined	Average Height (Inches)	Average Weight (lbs.)	Number examined	Average Height (Inches)	Average Weight (lbs.)
5 years							
Born 1966	1971	573	42.9	44.8	560	42.6	44.5
Born 1967	1972	561	42.8	44.3	515	43.0	43.3
Born 1968	1973	996	42.5	43.4	919	42.3	42.5
14 years							
Born 1957	1971	308	62.5	108.8	261	61.9	112.7
Born 1958	1972	216	63.0	108.9	333	62.7	110.7
Born 1959	1973	243	62.6	106.4	350	62.6	113.5

### Visual Defects and External Eye Diseases

The percentage of children found to have defective vision was 14.06%

In the two age groups, the percentage of children who were unable to read 6/6, 6/6, were:-

Boys born	Girls born	Boys born	Girls born
1968	1968	1959	1959
8.2%	7.7%	17.2%	15.8%

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were:-

Boys born	Girls born	Boys born	Girls born
1968	1968	1959	1959
3.7%	2.7%	3.2%	6.2%

The percentage of the children noted as requiring treatment was 7.4%

## Squint

The number of children born in 1968 found to have a squint, even of the smallest degree, was 79.

### Colour Vision Testing

Year of Birth	Boys				Girls			
	No. tested	No. with correct C.V.	No. with defective C.V.	% with defective C.V.	No. tested	No. with correct C.V.	No. with defective C.V.	% with defective C.V.
1967 & 1968	1799	1767	32	1.8%	1755	1754	1	.05%
1958 & 1959	700	670	30	4.2%	714	714	0	-
Totals	2499	2437	62	2.4%	2469	2468	1	.04%

Parents of all children with defective colour vision are notified so that further investigation can be made if colour vision is likely to play an important part in the child's future career.

### External Eye Disease

Six cases of blepharitis and sixteen other defects were found at routine medical inspections.

### Minor Ailments and Diseases of the Skin

The following skin diseases were recorded at the medical inspections:-

Eczema .....	110	Cyst .....	1
Warts .....	14	Psoriasis .....	16
Naevus .....	17	Atheletes Foot .....	13
Verrucae .....	11	Alopecia .....	5
Acne .....	26	Ichthyosis .....	-
Scabies .....	5	Dermatitis .....	11
Impetigo .....	4	Haemangioma .....	3
Seborrhea .....	1	Ring Worm .....	2
		Urticaria .....	3

### Nose and Throat Defects

The number of children referred for treatment for enlarged tonsils and adenoids was .30 per cent of the number examined. The percentage placed under observation was 1.3

### Ear Disease and Defective Hearing

96 children were noted as suffering from Otorrhoea at routine medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 523 cases.

### Orthopaedic and Postural Defects

The following deformities were noted at the routine medical inspections:-

Foot Deformities: 150      Postural Defects: 76      Other Defects: 142

### Vaccination

3,800 (43.9%) of the 8,647 children medically inspected were recorded as having been vaccinated.

### Arrangements for treatment – School Clinics

At Temple House, the Speech Clinic and Child Guidance Clinics are open daily, and Minor Ailments Clinics operate a total of 17 sessions weekly at eight premises in Derby. In addition, one session per week is held in the Ophthalmic, Orthopaedic and Aural Clinics at the Central Clinic premises of the Regional Hospital Board.

### Minor Ailments Clinic

2,465 children attended these Clinics on a total of 9,460 occasions. 753 examinations were made by Medical Officers.

### Aural Clinic

98 children received operative treatment for tonsils and adenoids.

Cases attended . . . . .	142
Attendances . . . . .	214
X-ray examinations (at hospital) . . . . .	7

### Orthopaedic Clinic

Cases attended . . . . .	330
Attendances . . . . .	379

(Included in these figures are cases referred from Child Health Centres)

Attendances at Splint Maker . . . . .	183
X-ray examinations (at hospital) . . . . .	23

### Ophthalmic Clinic

Cases attended . . . . .	361
Attendances . . . . .	373

### Orthoptic Clinic

New Patients . . . . .	284
Discharged . . . . .	217
Attendances . . . . .	4466

These statistics are kindly supplied by the orthoptist in charge of the Department.

## SPEECH THERAPY CLINIC

Report by Mrs. R. D. Fisher

Permission was granted in July for the three sessions per week, jointly held by the two part-time speech therapists at the beginning of the year, to be increased to six sessions.

There seems no possibility, however, of further sessions being arranged, and the appointment of another speech therapist is unlikely at present.

We continue to try to make the best possible use of the limited time available, but without any full-time therapists it is impossible to give sufficient treatment to every child who requires it.

#### Classification of Children seen:-

Stammer . . . . .	18
Dyslalia . . . . .	15
Retarded language and/or speech development . . . . .	108
Others . . . . .	2

Children seen . . . . .	148
-------------------------	-----

Carried over from 1972: . . . . .	177
-----------------------------------	-----

Admitted in 1973: . . . . .	63
-----------------------------	----

Carried over into 1974: . . . . .	183
-----------------------------------	-----

#### Discharged:-

Speech normal . . . . .	12
-------------------------	----

Much improved . . . . .	16
-------------------------	----

Failed to attend . . . . .	13
----------------------------	----

At parents' request . . . . .	6
-------------------------------	---

Left district . . . . .	1
-------------------------	---

Transferred to D.R.I. . . . .	6
-------------------------------	---

Transferred to Children's Hospital . . . . .	1
--	---

Attends for speech therapy privately . . . . .	2
--	---

Total, including 14 prior to treatment . . . . .	71
--	----

Children referred in 1973 . . . . .	83
-------------------------------------	----

Children on waiting list at 31st December, 1973 . . . . .	42
---	----

School visits made: . . . . .	6
-------------------------------	---

Actual attendances: . . . . .	563
-------------------------------	-----

Possible attendances: . . . . .	747
---------------------------------	-----

## SPECIAL EDUCATION

One of the more important functions of the School Health Service continues to be the ascertainment at an early age of children who may benefit from special educational facilities.

During the year 77 children were newly ascertained as being in need of special educational help because of their handicaps.

A number of Derby children attend schools for the blind, partially sighted, deaf, partially hearing, physically handicapped, delicate, maladjusted, educationally subnormal and epileptics. These special maintained, non-maintained and independent schools are widely scattered over the country.

### Special Schools

#### E.S.N. Day Special Schools

##### St. Martin's School

Report by Mr. W. J. Lake, Headmaster

During the year, some 27 children were admitted and an equal number discharged, so that the numbers attending remained fairly constant throughout at 105. Of the five boys who left at 16, three are at work, and two are attending the College of Further Education. Two children were able to transfer to Secondary schools.

The opening of the third E.S.N. school (St. Clare's), and the rationalising of catchment areas made possible the transfer of 19 children to the new school, which had the effect of reducing the waiting list to such an extent that we were able to admit all the urgent cases. Consequently the waiting time for admission is now very short.

The long-awaited Link course at the College of Further Education started during the year, and the pupils have benefitted tremendously. The various clubs and activities continued throughout the year, and the School camps were again much enjoyed.

A notable feature of this School during its 73 years of existence has been the number of teachers who have given 20 or 30 years of devoted service. This year we lose the services of two such staff; Mr. Bennett (Deputy Headmaster and After-Care Officer) and Mr. Deane who has run the woodwork shop so well. We shall miss them both very much and we wish them long and happy retirements.

##### ST. GILES SCHOOL

Report by Mrs. B. Robinson, Head Teacher

St. Giles School which opened as a girls' school in 1958 has 96 pupils on roll; 60 boys and 36 girls whose ages range from 4 — 16 years.

The staff includes a Headmistress, eight teaching staff, a welfare assistant and a reception class assistant.

The school curriculum includes basic, social and physical skills; creative and leisure activities; a homecraft and handyman course and training for employment. Pupils in their final year are released one day per week to a link course at the College of Further Education. This is a Work Preparation Course. Most of the pupils find employment on leaving school but for the few still needing support there is a full time course at the College.

The girls and boys have regular sporting and social exchanges with other schools and a varied programme of educational visits.

The school is aided by the school medical and the educational psychological service, has a visiting teacher of partial-hearing children and enjoys good relationships with the many professionals directly and indirectly involved.

##### ST. CLARE'S SCHOOL

Report by Mr. A. Bradley, Headmaster

St. Clares School, Rough Heanor Road, Mickleover, was opened on Monday, February 26th 1973. 25 pupils were admitted between the ages of 7 — 11 years. The staff consisted of headmaster, 2 teachers and an educational helper.

After Easter a further forty-six pupils were admitted along with a deputy head, 4 more teachers, a secretary and another educational helper.

There were further intakes of pupils after Summer and Christmas plus 2 more teachers. The number on roll now stands at 114.

The school is built to cater for a maximum of 120 E.S.N. children but as in most schools of this type children with various handicaps have been admitted. The medical problems, for example vary from muscular dystrophy to schizophrenia.

There are several children with severe behaviour problems who obviously cause considerable difficulties.

There are at least 20 children in the school who need regular speech therapy but unfortunately there is no such provision at present in the borough. This would appear to be the most outstanding deficiency in the services available to the school.

However in spite of the obvious stresses and strains of establishing a new school of this type we have already achieved a measure of success both socially and academically.

There is an assessment unit at the school — the first of its kind in the borough. This caters for up to 8 children throughout the borough and beyond for whom school placement poses a problem. The function of this unit is to assess each individual child's abilities and after a short term stay of perhaps 6 months to a year to recommend suitable placement in school. The educational psychologist and school medical officer work in close conjunction with the teacher in charge and myself. The main difficulty here looks like being the provision of places once the recommendation has been made.

Since his appointment Dr. Robert Mitchell has visited the school approximately once a month and already some useful, co-operative work has been done. It is hoped that this work will continue to develop as so many of our children need the support of as many professional agencies as are available.

## IVY HOUSE SCHOOL

Report of Mr. K. Laurance, Headmaster

The total number on the roll has remained at one hundred and twelve, with forty-five children in the Special Care Unit and sixty-seven in the School Section. During the year five pupils have been admitted to the S.C.U. and ten to the School, the total figure being balanced by school leavers and transfers internally or to other schools.

Staffing has remained at a satisfactory level and since last year's report, one member of staff has accepted responsibility for the educational organisation of the S.C.U. whilst Mrs. P. L. Jepson has agreed to be responsible for medical aspects throughout the school. Mrs. J. Harris has been appointed Home Teacher/Counsellor for the Mentally Handicapped in Derby and is based at the school. The new Headteacher took up the appointment from January 1st, 1974.

Continued support has been given by Dr. Hazlewood, Miss Williamson, Educational Psychologist, Mrs. Gardiner, Physiotherapist, Mrs. Plevey, teacher of the deaf and Mrs. March, Speech therapist.

Basically this year has been one of consolidation and the plans reported last year for the converting of a small room for the tuition of children with autistic tendencies have not yet been implemented. It is hoped that shortly this project will take place. To increase the facilities for small group tuition in the Special Care Unit it is also hoped to create another small enclosed area.

Co-operation and exchanges with other schools has continued and there is an increasing interest from some secondary schools in helping with projects within Ivy House.

The constant aim is to broaden the curriculum, the Riding for the Disabled Association have extended their facilities to more of our pupils, and the swimming lessons have continued successfully and maximum use is being made of the facilities available.

The inter-school sports day, involving Stanton Vale School, Ilkeston and the host school Parkwood at Alfreton was a great success.

The annual outing for the older children was to Alton Towers, the younger pupils going to Wicksteed Park. The school minibus has also been used for many visits to places of interest, parks etc.

The work of our Parent/Teacher Association has continued and as well as holding various fund-raising functions, we have also had several films and visiting speakers, in an attempt to help and advise parents.

The staff have continued to take advantage of the opportunities of attending short courses covering a wide range of work in Special Education.

## ASHE HALL SCHOOL

Report of Mr. D. C. Jones, Headmaster

The number of children on roll is now fifty four, nineteen girls and thirty five boys varying in age range from five years to sixteen years. There is now a waiting list for boys and we have room for only one more girl. Because of the geography of the building it has been necessary to accommodate six of the smaller boys on the girls floor. These little boys have benefitted not only because they have more space, but now they can be "mothered", which is essential for children of this age.

It now seems evident that there are enough applications for delicate children to enter the school so that we no longer have to live in fear of the aggressive maladjusted child who once inhabited the school. The fact that we no longer have aggressive maladjusted children in school has made a great difference to the other children. They are now a uniform group and can live in harmony such as any reasonable family would at home. We now have the time and energy to cater for the needs of delicate children.

There is also an increase in admissions of children of the thirteen plus age group. These children suffer from school phobia, probably caused by the sheer number of children in comprehensive schools. It is probable that more children will opt out of normal education and that more places will be needed in schools which provide stability and a sheltered atmosphere such as Ashe Hall.

Medical inspections are now undertaken by Dr. R. Mitchell who is a frequent visitor to the school, but Dr. Reford continues to be our General Practitioner.

Much time, effort and money has been spent in making the place more homely for the children.

We have made many school visits during the year, and in turn have had many visitors. Eight of our senior boys have joined the Army Cadet Force and are enjoying this new experience. Other school activities carried on as usual.

Mr. D. W. Hart left on the 29th April, 1973 to become headmaster of Ogilvie School at Clacton-on-Sea. Mr. M. Pickering joined us as Deputy Headmaster in September 1973.

The "Friends of Ashe Hall" was formed during the year. These are a group of people who write to the children, some of whom would not receive letters otherwise. They help with school activities, such as Garden Party, buy birthday presents, and also paid for a school visit to Rhyl. An interest in the school has been taken by the Derby South Rotary Club and the B.C.A. company, who not only have donated gifts and sums of money, but have visited the school and given the children an opportunity to meet people, which is an important factor in a residential school such as this.

Thanks to Mr. J. Parkinson and some of his friends, the swimming pool is well on the way to completion, and now only needs to be covered, which should be done this year.

## TEACHING IN HOSPITALS

Report by Mrs. C. E. Consterdine, Derby Education Department,

During this period 361 children received tuition in Derby Hospitals; 337 at the Children's hospital, 19 at the Derbyshire Royal Infirmary and 5 at the Derwent Hospital. Whilst most subjects were taught, emphasis was placed on Mathematics, English and Reading. Where a secondary school pupil remained in hospital for more than two weeks, schools were contacted so that pupils could follow a similar course to their classmates. Twenty-eight schools were contacted.

One pupil continued his C.S.E. examinations in two subjects (3 papers) after being admitted to the Royal Infirmary after an accident to his foot. Another pupil admitted to the same hospital after a serious road accident at Easter, was able to complete sufficient work to take nine 'O' level subjects (12 papers) in June. This meant quite considerable organisation, liaison with school and co-operation from the hospital staff. A medical confirmation of injuries had to be obtained so that a dispensation could be granted by the Academic Board for the pupil to take examinations in hospital. The bed-fast pupil was moved to a side ward each morning. Examination papers, together with necessary equipment, were collected from school each morning so that the examination could commence at the appointed time. The paper was then collected by a member of the school staff each afternoon so that it could be posted in the same envelope as the school's list. Permission had to be obtained for the Hospital Teacher to invigilate. A report of drugs especially sedatives, sleeping tablets, etc. given to the pupil prior to the examination, together with an account of difficulties experienced by the pupil during the examination, e.g. leg on traction, bed elevated, was sent with the last paper.

This was very worthwhile as the pupil was successful in six subjects, and on returning to school in October was able to start his 'A' level course.

The age range of the pupils taught during the year was 5 years to 17 years. Eleven pupils from special schools are included. Twenty-eight pupils received tuition for five weeks and four pupils between 11 and 14 weeks.

183 children were from Borough schools, 120 from County schools, and 58 were from other Local Authorities.

## SCHOOL NURSES

The routine treatment work by the six school nurses in minor ailments clinics is both well known and extremely valuable. Nursery classes and the four nursery schools are visited regularly, and this part of the nurses' work has increased because sessions are held for morning and afternoon children. The home visiting connected with all the types of work is time-consuming, but very necessary. The year's work may be summarised:-

Home visits.....	299
School visits .....	318
Nursery school visits .....	306
Clinic sessions.....	1362
Foot inspections .....	4864
Special Vision checks (Keystone) .....	1700
Cases of Scabies treated .....	80
Audiometer tests.....	106
Miscellaneous examinations .....	834

## VERMINOUS HEADS

Routine inspection of all children for the ascertainment of uncleanliness are carried out in schools twice a year by the Cleansing Attendants, and frequent revisits are made to re-inspect children previously listed as infested.

Sessions at schools .....	439
Individual children cleansed.....	553
Legal Proceedings taken .....	3

## SOCIAL SERVICES COMMITTEE WORK

Special examinations of children committed to the care of the Local Authority are carried out by staff of the School Health Service, and monthly visits are made to the children's homes, and fortnightly to the Community Home. The following examinations were carried out:-

Fostered children.....	269
Children for or at Community Homes .....	149
Children for adoption.....	10
Children at Children's Homes.....	61
Other .....	169

## CHILDREN OF PRE-SCHOOL AGE

Routine medical inspection was carried out for 1135 children of two, three or four years of age, and a proportion of these children were referred to the various clinics.

## MISCELLANEOUS WORK

Medical examinations were also made as follows:-

Teachers .....	22
Intending Teachers .....	222
Outward Bound Courses .....	6
Other examinations .....	14
Employment of schoolchildren.....	306

## MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

### PERIODIC MEDICAL INSPECTIONS

Year Born	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II		
1969 and later	493	493	—	2	44		44
1968	1918	1915	3	30	121		142
1967	2222	2222	—	74	165		223
1966	976	976	—	45	77		118
1965	428	428	—	29	39		67
1964	224	224	—	21	21		39
1963	147	147	—	10	23		29
1962	81	80	1	6	13		15
1961	70	70	—	8	10		15
1960	51	51	—	8	8		13
1959	598	598	—	71	48		112
1958 and earlier	1439	1438	1	183	69		234
Total	8647	8642	5	487	638		1052

Number of Special Inspections	826
Number of Re-inspections	5186
Total	6012

Infestation with Vermin	
Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	100,577
Total number of individual pupils found to be infested	553
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	299
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	299

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	
Errors of refraction (including squint)	38
	295
Total	333
Number of pupils for whom spectacles were prescribed	294

TABLE B. – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment –	
for diseases of the ear	6
for adenoids and chronic tonsilitis	98
for other nose and throat conditions	9
Received other forms of treatment	
Total	113
Total number of pupils still on the register of schools at 31st December 1973 known to have been provided with hearing aids:-	
during the calendar year 1973	6
in previous years	48

TABLE C. — ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
Pupils treated at clinics or out-patients departments	126
Pupils treated at school for postural defects	—
Total	126

TABLE D. — DISEASES OF THE SKIN  
(excluding uncleanliness)

	<i>Number of pupils known to have been treated</i>
Ringworm	—
Scalp	1
Body	11
Scabies	80
Impetigo	22
Other skin diseases	1433
Total	1547

TABLE E. — CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	196

TABLE F. — SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	65

TABLE G. — OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	231
(b) Pupils who received convalescent treatment under School Health Service arrangements	334
(c) Pupils who received B.C.G. vaccination	2289
Total	2854

# DENTAL SERVICES

Report by Mr. F. Grossman

In submitting my report on the dental health service, I am acutely aware that it is the last Annual Report on the health of Derby, and that it marks the end of health under local government, prior to National Health Service reorganisation.

Since fluoride was only introduced to Derby's water supply within the past three years, it is too early to expect any radical change for the better in the dental health of children.

Children are more than ever conscious of the need for dental hygiene, and here I would like to pay tribute to the excellent health education work undertaken by Mr. Carabine, who makes available visual aids of all kinds and distributes posters and leaflets in the schools which captivate the children's interest.

The statistics which follow show the work carried out in 1973, and reflect the longstanding paucity of staff due to the inability of filling establishment vacancies.

So far as clinics are concerned, I much regret that a purpose-built clinic has not been provided in the centre of the town, as the Mill Hill Lane premises are somewhat inaccessible to many of the general public, and the premises do not serve the function of a central clinic.

Also, it was a disappointment that the construction of the clinic at Spondon had to be postponed owing to lack of funds. This clinic would have served a large suburban population and relieved pressure on the Maine Drive clinic at Chaddesden.

Unfortunately, one of the surgeries at Mill Hill Lane has not been modernised due to the same impecuniosity, but I have every hope that this will be achieved in 1974.

In closing, I would like to pay tribute to the staff who have worked so satisfactorily and conscientiously, and my especial thanks and best wishes go to Mrs. Rigby who retired recently owing to domestic reasons after having given excellent loyal service in the dental health section for more than 20 years.

## DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS ATTENDANCE AND TREATMENT

	<i>Children 0-4 (inclusive)</i>	<i>Expectant and Nursing Mothers</i>
Visits for treatment during year:		
First visit	195	66
Subsequent visits	143	130
Total visits	338	196
Additional courses of treatment other than the first course commenced during year	31	7
Treatment provided during the year:-		
Fillings	287	144
Teeth filled	247	125
Teeth extracted	249	160
General anaesthetics given	113	15
Emergency visits by patients	85	13
Patients X-rayed	-	4
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	12	26
Teeth otherwise conserved	1	-
Courses of treatment completed during the year	199	52

## INSPECTIONS

Patients given first inspections	352	66
Patients requiring treatment	192	62
Patients offered treatment	181	62
Patients reinspected	40	7

## PROSTHETICS

Patients supplied with F.U. or F.L. (first time)	7
Patients supplied with other dentures	7
Dentures supplied	25

## ANAESTHETICS

General anaesthetics administered by Dental Officers	Nil
--	-----

## SESSIONS

Dental Officer sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients for:-	
Treatment	73
Health Education	Nil

## ATTENDANCES AND TREATMENT

	<i>Ages</i> <i>5 to 9</i>	<i>Ages</i> <i>10 to 14</i>	<i>Ages</i> <i>15 and over</i>	<i>Total</i>
First visit	2280	2447	657	5384
Subsequent visits	1948	2765	951	5664
Total visits	4228	5212	1608	11048
Additional courses of treatment commenced	282	354	122	758
Fillings in permanent teeth	1809	5124	2059	8992
Fillings in deciduous teeth	2170	94	-	2264
Permanent teeth filled	1459	4302	1619	7380
Deciduous teeth filled	2540	94	-	2634
Permanent teeth extracted	108	654	233	995
Deciduous teeth extracted	2129	889	-	3018
General anaesthetics	1025	678	121	1824
Emergencies	490	333	57	880
Pupils X-rayed		173		
Prophylaxis		549		
Teeth otherwise conserved		124		
Teeth root filled		55		
Inlays		-		
Crowns		36		
Courses of treatment completed		25487		

## ORTHODONTICS

New cases commenced during the year	5
Cases completed during the year	-
Cases discontinued during the year	1
Removal appliances fitted	5
Fixed appliances fitted	-
Pupils referred to Hospital	
Consultants	131

## DENTURES

	<i>Ages</i> <i>5 to 9</i>	<i>Ages</i> <i>10 to 14</i>	<i>Ages</i> <i>15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	-	-	2	2
Pupils supplied with other dentures (first time)	4	21	7	32
Dentures supplied	4	36	11	51

## ANAESTHETICS

General anaesthetics administered by Dental Officers — Nil

## INSPECTIONS

(a) First inspection at school. Pupils	12100
(b) First inspection at clinic. Pupils	3621
Number of (a) + (b) found to require treatment	7945
Number of (a) + (b) offered treatment	7294
(c) Pupils re-inspected at school or clinic	2787
Number of (c) found to require treatment	1536

## SESSIONS DEVOTED TO

Treatment	1664
Inspection	84
Dental Health Education	Nil





